Some Observations

CONCERNING WHAT IS CALLED

NEURASTHENIA.

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WINNING its way in the face of a just but feeble opposition to general acceptance, the term Neurasthenia is at last to be found heading a chapter in almost every one of our systematic and clinical works. The state or assemblage of related and unrelated symptoms to which this name is given has been more or less fully recognised and described by every competent observer and writer from the days of Cheyne and Whytt until now; and in general works or in special monographs under such designations as the English malady, mimosis inquieta, the nervous state, nervous erethism, and others mentioned below,[1] there are to be found descriptions of it as clear, comprehensive, accurate, and distinctive as any that occur in the work of Dr. Beard on American Nervousness and Neurasthenia. For what good purpose, then, this term has been proposed, accepted, and employed I am unable to discover; and regarding it as at once vicious, inaccurate, and therapeutically misleading, I purpose submitting it to a brief critical examination.

The word "neurasthenia" means, on the face of it, nervous exhaustion; and applied to a certain assemblage and progression of symptoms, it further means that the whole and sole cause of them is to be found in this alleged exhaustion. Now this theory may be accurate or inaccurate; it may be good or bad; it may help or it may hinder the growth and use of knowledge; but in any case the employment of it in naming, and the introduction of it into a term whereby a given group of phenomena is hereafter to be known, violates a fundamental canon in the framing of a scientific nomenclature, and is, in the order of science, an unpardonable sin. For, however some may boast, there is not yet before us conclusive historical evidence of the finality of any theories. The highest, widest, and best of them are soon refuted, displaced, absorbed. Incorporated into terms applied to permanently recurring phenomena, they continue to suggest explanations when they have long ceased to have their place and use; they beget confusion; they originate and disseminate error; they make difficult, and at length impossible, the profitable discussion of ideas; and they do not merely hinder, they also throw back, the progress of true knowledge. It becomes, therefore, the plain and paramount duty of every observer and writer proceeding to name a distinctive group of closely related phenomena to avoid, in the naming, hypothetical explanations, and out of one or more of its exclusively physical qualities to frame the term by which the group is for the future to be known. In naming after this rule, the name given will remain, whilst the theories of the thing named will pass away; and thus, whilst keeping clear the various avenues to knowledge, and making plain the ideas requiring to be discussed, we shall also be giving loyal obedience to one of the supreme commandments of science. But the term "neurasthenia" as now employed is vicious not only in its scientific but likewise in its clinical relations, and it has multiplied the errors inseparable from the imperfect knowledge of earlier writers. It is in its nature defined to be an "impoverishment of nerve force resulting from imperfect metamorphosis of nerve tissue," and elsewhere as "deficient quantity and impaired quality of nerve force."[2] Now, setting aside questions of quality, for variations of which we have as yet no certain criteria, it is not to be doubted that such a state of "nervous debility" does exist; it is not to be doubted that when existing it will make itself manifest by more or less characteristic symptoms; and it cannot be denied that if those symptoms, due exclusively to mere defects of nerve force, were critically selected and arranged, they would constitute a group of nerve symptoms to which the term "neurasthenia" might be fairly, but, according to our canon, unscientifically applied. This, however, is exactly what has not been done, and what there is at present, I fear, small prospect that anyone will do.

When the symptoms set forth as characteristic of neurasthenia are carefully examined, it will be seen that they constitute an assemblage of incoherent indications of disorder borrowed more or less freely from inchoate forms of insanity, and from almost every disease of the nervous system; that they are not characteristic of any definite disorder; that divisions of them belong to disorders the most diverse; that no common law of treatment can be safely applied to them; and that, published with some parade as coherent and conclusive evidences of a state of "nervous debility," they exhibit defects of observing, reflecting, and critical powers unpardonable in those who court or claim the attention of the profession. But hidden within the signs described as characteristic of neurasthenia, and concealed under such terms as astraphobia, topophobia, agorophobia, claustrophobia, anthropophobia, monophobia, photophobia, mysophobia, pantophobia, and the like, there are symptoms, various but related, which anyone with sufficient experience and competent faculties of observation and critical analysis can easily discover, arrange into a well-defined group, and present to clinical medicine under the justifiable name of mere and shere nervousness. All persons exhibiting this group of symptoms have a tolerably uniform natural history, possess what is understood as the nervous temperament, and are said by members of our profession, as well as by the general public, to be sufferers from nervous debility. But it is more than doubtful if weakness, used in its ordinary meaning, is the sole or the chief characteristic of sufferers from nervousness. For the most part they present the appearances of health. Always excitable and sometimes depressed, they are often animated and joyous; procrastinating, fragmentary, and inconstant, there are, nevertheless, to be found among them the greatest workers of the times; talking occasionally for hours without fatigue, they are sometimes silent and grave; for the most part fastidious, refined, and cultivated, they fall occasionally under the dominion of sensuousness and the lower emotions; habitually tormented by a physical self-consciousness, they can yet efface themselves in their devotion to others; disposed to the flesh and the world, they often attain the greatest heights of the spiritual life; always ailing, they are seldom ill; often condemned to premature death, they live, as a rule, long beyond the average duration of life; and regarded by the hard, stolid, and superficial with feelings akin to contempt, it is nevertheless from them, far more than from any other class of persons, healthy or disordered, that we get all that is truest and highest, best and noblest, in science or letters, in art or song.

Such are some of the more prominent external characteristics of sufferers from nervousness. What the intimate nature of it may be, the present conditions and limitations of knowledge do not permit us to know; but I think myself on safe ground when I say that it cannot be a mere weakness of the nervous system.

If we engage in a critical study of the symptoms of nervousness with the view of coming to a nearer and clearer understanding than we now have of its nature, we must inquire into its internal characteristics and endeavour to discover among them what may be called the proximate constituents of that state of which nervousness is the main external expression. I say here, of set purpose, "the main external expression"; for doubtless the state expressing itself in nervousness has—through nutrition, secretion, and many dynamic conditions—manifold expressions of its presence which are neither comprehended nor considered among its ordinary symptoms. It is not within the scope or purpose of these remarks to supply an exhaustive and accurate statement of the proximate conditions of nervousness; but in order to make plain my meaning of at least one of the things needed for the further elucidation of this subject, I shall set down, just as they occur to me, the chief dynamic nerve states which, combined in various ways and degrees at different times, give rise to the symptoms of nervousness:—

1. A too rapid production and expenditure, together with an irregular distribution, of nerve force.

2. An abnormal sensitiveness and freedom of communica-

[1] In the second edition of Axenfeld the following terms are given as synonyms of neurasthenia: Cachexie nerveuse; maux de nerfs; diathèse nerveuse; marasme nerveux; vapeurs; surexcitation nerveuse; nevrose protéiforme; faiblesse irritable du système nerveux; fièvre nerveuse; hyperthésie générale; neuralgie générale; neuropathie aiguë cérébro-pneumogastrique; nervositie neurospasmie; nervosisme; état nerveux; maladie nerveuse. [2] Beard.

tion throughout the whole nervous system, but chiefly in the basal ganglia, and in the parts below them.

3. An unstable equilibrium of the whole nervous system, especially excessive in the vaso-motor centres, whereby are brought about, in nervousness, the flushings, blushings, and pallor of tissues and organs.

4. Disturbances of the general regulatory or special inhibitory powers, arising, independently of localised nerve-centres, through mere augmentation, defect, or interference with each other of automatic or reflex nerve-discharges.

5. A recurring state of more or less intense physical self-consciousness, through which there come within the cognisance of the organism certain of its own states, disorders, and actions, which lie far beyond the ordinary area of the consciousness of average persons.

I have alleged that this term "neurasthenia" is therapeutically misleading, and I shall now endeavour to make good the allegation. If it be true—and, for my part, doubt is impossible—that under the term "neurasthenia" no clear, definite, and distinctive account is given of true nervous exhaustion; that the descriptions of neurasthenia, as written in books, are composed of symptoms of the most diverse diseases and disorders artificially framed into an incoherent whole; and that in this heterogeneous mob of symptoms we can discover at least one group, not mainly asthenic, but the reverse, sufficiently distinctive in its characters, course, and issues to warrant the bestowal of a separate name,—then there is no further need of argument to show that for such an assemblage of symptoms no single method of treatment can be rationally designed or even safely applied.

In the treatment of dynamic nerve disorders two great plans of treatment are pursued. The one consists of change of surroundings, separation from friends, abundant feeding, rest in bed, and massage; the other consists essentially in discontinuance of business, generous living, distraction, and travel. Each plan has its own group of suitable cases, and each can boast of its own successes, often brilliant, although often temporary. But there is one group of cases, the cases of mere and sheer nervousness, to which, in general, neither of these plans can be successfully or safely applied. One or the other failing, and too long followed, brings about on occasions, frequent enough to demand serious consideration, mental and moral disasters which are now and then irreparable.

In cases of mere nervousness unaccompanied by any conclusive objective evidence of weakness, the plan of treatment which empirical experience has shown to be the safest and the most successful differs widely from the other plans, is difficult to follow, and provokes the antagonism of the patient's friends, who are usually constrained by some fatal necessity to destroy those whom they love. It consists in placing the patient in the physiological conditions most favourable to the general health; in a simple but liberal mixed dietary, arranged in three daily meals; in an extremely moderate use of, or abstinence from, tea, coffee, tobacco, and alcohol; in cold or tepid spongings and warm clothing; in promoting without unduly stimulating the excretory organs; in full, regular daily purposive necessary work; in self-effacement and the repression of every form of physical self-consciousness; in cultivating the exercise and control of the will; and in encouraging, or even urging, the patient to do with his might and without fear whatsoever has fallen to his hand to do. By the following of some such plan as this, difficult and painful at first, but easy and pleasant at last, the sufferings of nervousness will be in most cases removed, and the sufferers, by their discipline, will be lifted to a higher level of physical and moral life.

Returning to my immediate purpose, I sum up these observations in saying that the term "neurasthenia" is unscientific, inaccurate, and misleading; that the descriptions given of it do not include a clear, concise, or distinctive account of genuine nerve exhaustion, and do include a mob of incoherent symptoms borrowed from the most diverse disorders; that for a malady thus constituted and containing antagonistic conditions, no rational principles of treatment are possible; that in the heterogeneous assemblage of disordered states ascribed to neurasthenia, there may be discovered a group of coherent and distinctive symptoms arising out of mere and sheer nervousness; that the general treatment proposed for neurasthenia and applied to this group of cases would prove probably unsuccessful and possibly disastrous; and that for the purely nervous cases as I have described them the most successful treatment, and also the highest, consists of diet and discipline, work and will. For even a delicate organism, the fullest regulated discharge of all its functions is the cardinal condition of its highest life.

ABSTRACT OF A

Clinical Lecture

ON

EXCISION OF THE KNEE-JOINT.

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THE operation of excision of the knee is one which has only been recognised as a legitimate surgical procedure in comparatively recent years. Indeed, at the present time there are surgeons who object to it and do not practise it. It was performed for the first time a hundred years ago, but was entirely neglected till revived by Fergusson and Syme. The results at first obtained were not highly satisfactory, and the operation was condemned by many of the leaders of the profession. The fact that it was condemned by many distinguished members of the surgical world would naturally be very satisfactory to those who introduced it; for it is a remarkable fact that few notable improvements are introduced into surgical procedure without meeting with violent opposition from many of the most distinguished among us. Examples of this are not far to seek. The introduction of the ligature by Paré as a means of arresting hæmorrhage, in place of the barbarous cautery iron or boiling oil, was condemned by his more distinguished *confrères*, and was not generally practised till many years after his death. It might, however, be supposed that things are better now than in the sixteenth century, but we find the same thing still going on. The introducers of ovariotomy were threatened with prosecution for manslaughter, and yet the operation is one of the most successful practised in surgery. Antiseptic surgery has revolutionised surgery and has saved innumerable lives, and yet many surgeons now living objected to its introduction and derided the principles on which it rests; and within the last year one of the leading metropolitan Medical Societies has excluded from its Transactions a most valuable paper advocating the adoption of a new plan of treatment for uterine fibroma by means of an operation which gives every promise of success.

It is usual to consider excision of the knee from two points of view—the mortality which accompanies it, and the utility of the resulting limb. Though at one time it was seriously argued that the limb with an excised knee was in no way superior to an artificial or peg-leg fitted on to the stump of an amputated thigh, it is now unnecessary to discuss this subject. We have all had many opportunities of seeing patients with excised knees walking with a scarcely perceptible limp, the necessary ankylosis being the only respect in which the one leg was inferior to the other. We may therefore dismiss this part of the subject, and proceed to consider the mortality and danger of the operation. Statistics show that in its early days the death-rate after excision of the knee was far from satisfactory. Swain in 1869, collected particulars of 472 cases, and found that 116 died, a death-rate of 24·5 per cent. But it must be recollected that at that time all operative results were inferior to those met with at the present time. Since the new Leeds Infirmary was opened, in 1869, the operation has been performed 116 times. In the old infirmary ten cases only are recorded, with one death; but of the remaining nine two were amputations. Of the 116 cases eight died, a mortality of 6·9 per cent. This result is good, but if we take the last five years from the beginning of 1881 to the present time, we find there have been sixty-three cases with only two deaths, a mortality of only 3 per cent. One of the fatal cases occurred in a man who died at the end of a month from acute inflammation supervening in lungs already diseased, and containing small cavities of long standing; in this case the excision wound was almost healed. The other died of septicæmia, but the case was not

an ordinary one, as the operation was performed for compound fracture into the knee-joint some time after the receipt of the injury; his general condition was unsatisfactory when the operation was performed; he did not improve after it; amputation was then resorted to, and death was the result. It might fairly be argued that in neither of these cases could death be fairly attributed to the operation, and we should then have sixty-one successive successful cases. But reckoning the mortality at 3 per cent., the result must be considered extremely satisfactory. It is only fair, however, to add that 10 per cent. of the cases failed as far as preservation of the limb was concerned; the limbs in these were amputated; but, with the exception of the case mentioned above, the second operation was successful in every instance.

[After describing the various methods which had been adopted in the performance of the operation, the lecturer proceeded to summarise the various steps of the operation, as follows.]

1. The incision is best made in a straight line from the posterior border of one condyle to a corresponding point on the opposite side over the centre of the patella, the joint being opened by dividing the bone with the saw, and removing the two portions separately. The advantages of this incision are that it enables the superior cul-de-sac of the synovial cavity to be thoroughly explored, that it facilitates the firm fixture of the limb on a splint, and that it makes the skin wound as small as possible. 2. The section of the bones must be made so that they will accurately fit when brought into apposition. This is best done by holding first the thigh and then the leg in a vertical position, exactly at right angles to the operation table, the saw being applied horizontally. It is found much easier to make the sections in this position than to hold the limb obliquely and trust to the eye for direction. 3. The whole of the diseased structures must be removed—all diseased pulpy synovial membrane by excision or scraping, all granulation tissue in sinuses by scraping, and all diseased bone with the gouge. It is specially needful that the superior cul-de-sac of the synovial pouch be thoroughly explored, as if this is not done secondary abscesses not unfrequently form in this position and give rise to much trouble. The thorough performance of this step of the operation is absolutely necessary if union by the first intention is desired. 4. The femur and tibia are sutured together, holes are made with a gimlet on each side of both bones, and a double thickness of No. 3 catgut passed through them and firmly tied. The catgut answers as well as wire, and does not require to be removed. 5. A drainage-tube is inserted on each side of the wound and brought out at the angles of the wound, or, if necessary, at more dependant openings specially made. Sutures are inserted to bring the edges of the skin wound into apposition, and the wound, being thoroughly irrigated with a ·05 per cent. solution of corrosive sublimate, is dressed with dry antiseptic dressing. In the Leeds Infirmary salicylic silk or cotton-wool, and a large amount of iodoform, are generally adopted for this purpose.

The operation being thus completed, it is necessary to apply a splint, so that perfect rest may be ensured. Large numbers of appliances have been used for this purpose, many of them—as, for example, Fergusson's excision splint—being heavy and unwieldy. It is well to remember that it is always better to apply a splint to a limb than to apply the limb to a splint. In other words, the lighter the splint the better. In these cases nothing answers better than a piece of Gooch's splinting, cut out to fit the limb, and extending from the trochanter to the ankle. This, firmly applied with strapping reaching down the thigh and up the leg to within an inch and a half or two inches of the wound, keeps the joint at perfect rest, and enables the patient to be moved, or, after a few days, to move himself about in bed without difficulty or discomfort. A large pad of antiseptic dressing being applied over all, the first dressing is complete. The question when the first dressing should take place was next discussed. Should the limb be disturbed on the fourth or fifth day, and the dressings changed, and the drainage-tubes removed? or is it better to delay the first dressing for three weeks or a month? Cases were quoted showing that either proceeding may yield satisfactory results. Two patients lately under treatment had not been dressed for more than three weeks, and their wounds were entirely healed when the next dressing was applied three weeks later. In two other cases a thorough change, necessitated by the copiousness of the discharges, was made on the fourth day; in these cases also complete union was established without further change. We must be guided by the amount of discharge and the condition of the temperature, but in the majority of cases one early dressing seems to be advantageous, making the patient more comfortable and diminishing the risk of septic infection of the wound.

As regards the treatment of any particular case there are four courses open to us—non-operative treatment, erasion or arthrectomy, excision, and amputation. Amputation is required when the general condition of the patient is such as to render any minor proceeding inadmissible, when the patient is suffering from some organic lesion distinct from the local affection, or when, owing to the local affection, the temperature is much elevated. We are also occasionally driven to amputation in cases where there is extensive disease of the bones accompanying the joint mischief, or when the tibia is so far dislocated as to render it impossible to restore the limb to a straight position. The question between excision and time can only be answered by considering the various peculiarities of each individual case. It is generally stated that excision is a procedure more adapted for poor hospital patients than their richer brethren. It is no doubt true that many cases of joint disease, if favourably situated, will after months, or more frequently years, recover with a stiff limb, but even then they are no better off than the patient with the excised joint, who has recovered in a comparatively short time. In all cases, when, after a few months' treatment by the usual methods, no signs of amendment appear, operation should be recommended. The only question is whether the operation should be excision or erasion. Experience of the last operation on a large scale is as yet wanting, but it seems not improbable that in a few years many cases which are now excised will be erased, and that patients thus treated will recover with a slightly movable joint. Fortunately, the first step of the operation is the same in both cases, consequently the surgeon need not determine which procedure he will adopt until he has carefully examined the condition of the various tissues which form the joint. Should the disease be extensive, he will excise; should it be more limited and chiefly confined to the synovial membrane, he will erase. In this latter case the two fragments of the patella must be united by suture.

ABSTRACTS OF THE

Brown Lectures,

DELIVERED AT THE

UNIVERSITY OF LONDON,

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LECTURE I.

RELATION OF THE THYROID GLAND TO GENERAL NUTRITION.

THE essential cause of myxœdema and cretinism had been shown last year by Horsley to be loss of the thyroid gland. He assigns the following functions to the thyroid gland: (1) regulation of the metabolism of mucinoid albumen by restoring certain waste products; (2) hæmapoiesis. The latter function is probably dependent on the presence of tissue like that contained in the spleen; the occurrence of anæmia after removal of the thyroid gland is sufficient proof of the hæmapoietic function. Examination of the blood from the superior thyroid artery and corresponding vein also showed that the vein contained 7 per cent. more red blood-corpuscles than the artery. The symptoms that follow removal of the thyroid body were discussed in three stages. The first, a *neurotic* stage, was characterised by the occurrence of a constant tremor having a definite rate of eight per second. To this constant tremor were subsequently added paroxysmal convulsions, contracture, and functional paralysis. Apparently young animals do not survive this stage, but succumb from failure of the cardiac and respiratory centres in the medulla oblongata. The duration of the first stage was variable; in dogs it lasted

generally a week, in monkeys from two to three weeks. The second or *mucinoid* stage is marked by the deposition of mucin in the tissues and blood. The mental symptoms continue into this stage, the animals becoming imbecile, but the motor symptoms usually cease. This stage was only seen in perfection in monkeys. Since last year Mr. Horsley has found a most important determining factor in the survival of thyroidectomy by adult animals, and that is the employment of heat. By keeping the animals at an artificial high temperature Mr. Horsley has succeeded in prolonging the existence of the monkeys. With longer life they, however, become emaciated, losing their excess of mucin, and ultimately die of general failure, especially of the lower visceral centres. The third stage is therefore termed the *atrophic* or *marasmic* period. It is in a similar way that cretins appear to die if not carried off by some intercurrent disorder. This novel prolongation of life gives a close resemblance to cretinism. An autopsy by Bruno of a case of cachexia strumipriva failed to reveal any sign of mucoid degeneration, and Mr. Horsley suggests that this case had lived through the mucinoid period. In this connexion it is also well to remember that in some cases of myxœdema no great excess of mucin is found in the tissues after death.

Recognising to the full, as the lecturer does, the important part that the thyroid gland plays in the metabolism of the body, he adduces strong arguments to show that the symptoms of mere senility may be accounted for by loss of the functions of the thyroid body. Some men, he suggests, enjoy a "green" old age because their thyroid glands are in good working order. This suggestion is led up to by the fact that age exercises a great influence on the occurrence of symptoms after the removal of the thyroid body. In old dogs, removal merely leads to indolence and incapacity; whereas at the other extreme of life removal causes symptoms of violent sort, often terminating in rapid death. Age, therefore, is of the utmost importance. In old age the thyroid gland degenerates, there is an overgrowth of connective tissue, with fatty and pigmentary degeneration of the epithelia, and concentration with pigmentatory alteration of the contents of the vesicles. In myxœdema, Mr. Horsley states that there is a rapidly progressing form of the same atrophic cirrhosis that more gradually obliterates the glandular tissue in old age. As the question is almost purely one of loss of nutrition, it is plain that the previous state of nutrition as well as age must have some share in the production of symptoms. Cold, which has a marked depressant action in nutrition, takes a prominent place in the development of symptoms after the removal of the thyroid gland. Starvation and previous illnesses, and other like causes, damaging the general health and nutrition, must also be taken into consideration. As to the cause of the cirrhosis of the thyroid gland we know nothing, except the suggestion of Dr. Hughlings Jackson that it is dependent on disease of nerve nuclei of the floor of the fourth ventricle.

During the past year animals have been kept after operation at an average temperature of 90° F., and directly symptoms appeared the animal was put into a hot-air bath at a temperature of 105° F. The results of these experiments are very striking. The animals in this new series survive the operation four, five, and six months, whereas before they only lived as many weeks. Next to this increased longevity thus attained, the most noteworthy fact is the suppression of the leading symptoms of the first two stages, and especially of the first. The interval that elapses between the operation and the appearance of the first symptom was also increased; in the former series it was four days, and in the new series it was ten or more days. The beneficial effect of the hot-air bath in myxœdema is due to the influence of warmth in maintaining nutrition, and not to any action on the cutaneous secretions. The precise *modus operandi* of heat is a point for discussion. Mr. Horsley suggests that it spares the forces of the organism by preventing excessive loss; it is simply a saving of heat. In animals kept at a high temperature the mucous glands and parotid glands do not take on excessive action, this being the opposite of what was observed last year; a proof that the action of the heat is to modify powerfully the nature of the degenerative metabolic processes. Anæmia and wasting are the chief symptoms observed in the cases of artificial myxœdema treated by heat. The most delicate tissues feel the metabolic derangement most severely, and so rapid degeneration of the cells of the anterior horns of the spinal cord is observed; it was seen chiefly in the outer groups of cells. All stages of degeneration of the corpuscles could be traced. It is probable that the tissues of the female are more predisposed to degenerative errors of metabolism than those of the male. The relation of the thyroid gland to the uterus is witnessed during the catamenia and during pregnancy; this increased excitability probably renders it more liable to disease. Hence the greater liability of women to suffer from myxœdema.

Classification of the Symptoms that follow Loss of the Function of the Thyroid Gland.

Stages.	Duration.	Symptoms.	Remarks.
I. Neurotic.	One to two weeks in dogs; one to three weeks in monkeys.	Tremors, rigidity, dyspnœa.	Young dogs and monkeys alike die in this stage.
II. Mucinoid.	Half to one week in dogs; three to seven weeks in monkeys.	Commencing hebetude and mucinoid degeneration of connective tissues.	Dogs survive only to the beginning of this stage; monkeys die at the end, if not treated.
III. Atrophic.	Five to eight weeks in monkeys.	Complete imbecility and atrophy of all tissues, especially muscles.	Monkeys survive according to the temperature of the air-bath.

LECTURE II.

MODERN PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM.

The "motor" region of the cortex is connected with other parts of the cortex by commissural fibres. Mérique has divided these without injuring the pyramidal tracts; the cortical centres thus isolated remained inactive for the reason that they received no afferent impulses to transmute into efferent energy. Schiff has taught that the posterior columns of the spinal cord are conductors of tactile sensation direct to the excitable area in the cortex; but Mr. Horsley shows that the results obtained by Schiff are to be explained by the injury that is unavoidably done to the motor tracts in the spinal cord. In other words, section of one posterior column does not by itself produce complete ataxia, does not produce the paretic position of the foot described by Schiff, and does not produce tactile anæsthesia of the same side. The view of Schiff and Munk that the so-called "motor" area is in reality a sensory one is therefore not supported by experiments, of which the results have been above given.

The fundamental rate of nervous discharge in nerve-centres, the mode of discharge from stimulated cortical motor centres, and the nature of the muscular contractions that follow stimulation of the cortex, corona radiata, and spinal cord were the next three subjects under discussion. In stimulation of the cortical centre of the muscle the following facts are observed: 1. A period of latency of varying length. 2. Tetanus followed by relaxation when the stimulus is shut off. There may also be seen with greater or less distinctness waves on the tetanic curve and further similar waves on the line of descent, and finally clonic spasms of gradually diminishing rate but increasing amplitude follow the tetanic stage; in fact, from the normal cortex it is possible to excite a typical epileptic seizure.

A more intense current is required to stimulate the exposed corona radiata so as to cause contraction in the muscle; the latent period is, however, shorter; the muscle rapidly passes into complete tetanic spasm, and the moment the current is shut off the lever falls to the base line. No epileptoid spasms follow, and it is exceedingly rare to observe any waves on the tetanic curve of the corona radiata.

The spinal cord is excitable and the curve obtained is somewhat like that obtained from the corona radiata. The uprise of the tetanic curve is, however, sharper and more rectangular; the level of the curve is better maintained and the fall is very sharp and sudden. Small waves are occasionally to be seen on the tetanic curve, but it is extremely rare ever to see anything resembling epilepsy. The wave rate of the tetanus resulting from stimulation of the peripheral end of a cut nerve exactly corresponds to the rate of interruption of the stimulus.

The tetanus from cortical stimulation is due to a fusion of discharges which are grouped together at intervals of twelve to thirteen per second; but frequently it is found that the rate of these discharges is eight per second. The subsequent clonic spasms also have a rate of eight per

second at first, this becoming slower—four per second—as the result of fusion. Schäfer and Horsley regard the rate of eight to ten per second as the fundamental rate of discharge of motor cells in most mammalian animals. This is the rate given by Lovén from the spinal cord in strychnised frogs. A study of tremors resulting from disease leads Mr. Horsley to the same conclusion that the discharge from nerve centres proceeds at this constant rate, or some multiple or division of the same. In paralysis agitans, disseminated sclerosis, tremors of artificial myxœdema, and canine chorea, this law was found to hold good. Gowers some years ago showed that the rate of ankle-clonus was eight per second.

Dealing with the share that the motor corpuscles of the brain and those of the anterior horns take in the production of the tetanus and the other waves, Mr. Horsley suggests that the spinal motor corpuscles may become polarised, and merely act as transmitters of certain kinds of vibration originating in the cerebral motor cells. Schäfer and Horsley contend, in opposition to François Franck and Pitres, that, whatever be the rate of an adequate stimulus applied to the cortex, it causes the motor corpuscles to discharge at the fundamental rate of eight per second, or some multiple of it. The view of Franck and Pitres would reduce the cortical motor centres to the level of simple conductors. It is important to observe that stimulations from the cortex, corona radiata, cord, and nerve give very different modes of tetanic spasm. Experiment proves in Mr. Horsley's hands that the motor tract of the spinal cord is irritable to the interrupted current, for contraction of all the muscles on the *same* side followed stimulation of the lateral tract. This fact militates against the idea of intimate commissural union between motor centres in opposite sides of the spinal cord. Tracings from a case of traumatic epilepsy closely resembled those taken from experimental stimulation of cortical centres, affording further confirmation of the professor's view. He thinks that if a tracing from a muscle shows sustained tetanus, with a gradual fall and marked along its whole course by small waves, and finally followed by waves indicative of clonic spasms, the diagnosis of cortical discharge should be irrefutable. The fundamental feature of this lecture is the importance that he attaches to the different tracings obtained by stimulation of different parts of the motor tract. The tracing from cortical stimulation is, so to speak, pathognomonic, and cannot be confounded with that obtained from other parts of the motor path.

LECTURE III.

FUNCTIONAL NERVOUS DISORDERS DUE TO LOSS OF THYROID GLAND AND PITUITARY BODY.

A disorder in the nutrition is the first event that happens in "functional" nervous disorders. In artificial myxœdema, tremors, clonic spasms, and paralysis were to be observed in this definite order, and constituting the stages of a typical progress of functional "dissolution." It had been shown in the first lecture that the hiatus produced in the continuous circle of metabolic processes caused by the loss of the thyroid started an increasingly defective state of nutrition, and that the motor nerve corpuscles were almost the first tissues in the body to evidence the defect. Mr. Horsley prefers not to invoke the aid of loss of inhibition to account for the occurrence of tremors or their nervous equivalent—rhythmical discharges. He, moreover, does not incline to the view that mere defect of nutrition leads to rhythmical action in nervous centres. He holds that each discharge is the result of actual irritation, in the form of ordinary constantly occurring stimuli. As confirmatory of his view he remarks that slight lowering of the external temperature increases the tremors or induces them. Tremors due to ether, alcohol, mercury, and those occurring during convalescence, are also regarded as illustrations of his view, as well as confirmatory of the law of the rate of discharge from motor centres. Paralysis agitans and the tremor of senility have each the same rate of eight to ten per second. With Hughlings Jackson, Mr. Horsley thinks the cause of paralysis agitans should be looked for as the result of direct interference of general nutrition—i.e., of the centres governing general nutrition. This interference may be produced by lesion of the apparatus of metabolism, or, as at first suggested, of the trophic centres themselves. Emotion may damage the trophic centres, of which the causation of paralysis agitans by shock may be regarded as an example. Removal of the thyroid gland means injury of the apparatus of metabolism. Mr. Horsley next describes the results of stimulating the nerve centres, whose nutrition has been depressed by loss of the thyroid gland.

The curve of tetanus caused by stimulation of the normal cortex being borne in mind, that resulting from stimulation of the cortex of a dog suffering from the tremors of artificial myxœdema differs in the fact that the curve of tetanus drops immediately the stimulation ceases; in fact, the end of the tracing closely simulates that obtained from the cut corona radiata. The clonic spasms that marked the curve obtained from the normal cortex were very imperfectly marked, and altogether irregular. The first effect of stimulation of the cortex is to produce in the neurotic stage of artificial myxœdema a condition of hyper-excitability followed by rapid exhaustion. Stimulation of the other parts of the pyramidal tract evoke nothing of any importance, unless it be signs of rapid exhaustion. The tremors can be suppressed alike by stimulation of the cortex and of the corona radiata. Stimulation of the divided spinal cord up to the point of fatigue was practised in the hope that the rate of discharge of the spinal cord might be obtained; this turned out to be possible, for after the disappearance of the primary tetanus from fatigue the tonic fusion of course ceased, and so allowed the individual discharges from the spinal centres to come out; the wave rate of these discharges was found, as expected, to be from eight to ten per second. Mr. Horsley regards this fact as of great importance as a means of diagnosis. The same results are obtained from the dog as from the monkey. In patients suffering from myxœdema, the sluggishness of the movements is due to the affection of the nerve centres, and especially those of the cortex, for the delay in the latent period which was observed in the experimental stimulation is especially a feature of the curve obtained from the cortex; those from the spinal cord and muscle being fairly normal in this respect. The loss of energy therefore affects chiefly the cortical centres. The gradual loss of nutrition resulting from removal of the thyroid body shows itself, first, by diminishing the power of the cortical centre in maintaining the tetanic character of the movement it generates; and, secondly, by the gradual abolition of the tendency to epileptoid seizures. The final stage is apparently one of complete loss of function of the central nervous system as far as movement is concerned. Mr. Horsley points out that we cannot have a more illustrative example of disorder leading to total loss of function, due in this case to general disturbance of the whole metabolism of the body.

The pituitary body has resemblances to and relations with the thyroid body. Mr. Horsley has removed this structure twice successfully; the animals (dogs) lived five and six months respectively. During life no nervous or other symptoms were noticed. Experimental stimulation of the cortex of the brain showed in both the dogs that there was a great increase in the excitability of the motor region. Stimulation with a fairly moderate strength of faradaic current gave an enormous tetanus, followed by severe and prolonged epilepsy or clonic spasms, fully as long and as severe as he has ever seen in the traumatic epilepsy of man, and far more severe than he has ever seen from stimulation of the normal cortex, or from the cortex in cases where the thyroid gland has been removed.

It seems clear that the greater the dissolution the quicker is the rate of the rhythm. He observed a tetanus of the rectus femoris in a case of traumatic epilepsy to have a rate of twenty-four per second, and this rate is but rarely obtained; but it existed in the two dogs from whom the pituitary body had been removed. In the same dogs, if the stimulus to the cortex were kept up for a quarter of a minute, clonic spasms were found to appear on the falling curve of the tetanus. A further point noticed was the termination of epilepsy by the occurrence of one tremendous spasm, instead of a gradual dying out of the clonic spasms.

MEMORIAL TO THE LATE DR. LANCHESTER.—There has just been erected in the hall of the Croydon General Hospital a tablet to the memory of the late Dr. Lanchester. It consists of a latten brass tablet carved in bas-relief with a representation of the parable of the Good Samaritan, and bears the following inscription:—"This tablet is erected by members of the medical profession to perpetuate the memory of Henry Thomas Lanchester, M.D., F.R.G.S., Surgeon to the Hospital from its foundation—a highly-prized friend and a valued colleague, whose death, at the early age of 46 years, they deeply deplore. Born A.D. 1839. Died A.D. 1885."

A NOTE ON CERTAIN MODIFICATIONS OF THE

SUPRAPUBIC OPERATION FOR STONE OR TUMOUR OF THE BLADDER.

BY SIR HENRY THOMPSON, F.R.C.S.,

SURGEON EXTRAORDINARY TO HIS MAJESTY THE KING OF THE BELGIANS, LATE PROFESSOR OF SURGERY AND PATHOLOGY TO THE ROYAL COLLEGE OF SURGEONS OF ENGLAND, CONSULTING SURGEON TO UNIVERSITY COLLEGE HOSPITAL, EMERITUS PROFESSOR OF CLINICAL SURGERY, ETC.

THERE is a modification of the suprapubic operation necessary when dealing with the female bladder, since it cannot, without very special apparatus, be permanently distended like that of the male. And the same condition occurs in that of the male also, if, after opening the urethra for the purpose of exploring the bladder for tumour, and finding one, it is deemed necessary immediately to operate above the pubes. This may happen when by means of the urethral opening it is discovered that the tumour is too large to be removed by the perineal route, or is so situated that it can be only safely attacked from above. In either case the distension of the rectum is to be fully made as usual; but as no fluid can be securely retained in the bladder in the circumstances described, the incision must be made on a director previously passed into the viscus. This director should be in the form of a well-curved hollow steel sound, with an open end, neatly closed by an olivary bulb attached to a strong stylet running through the instrument and capable of being fixed at the handle. Fig. 1 shows the sound, and Fig. 2 the stylet, with the bulbous end. At the extremity of the sound, a wide open slit, about three-quarters of an inch long, is made in the concave aspect. See Fig. 3, with the bulb in place. Fig. 4 shows the end of the instrument when the bulb is withdrawn.

FIG. 1.

FIG. 2.

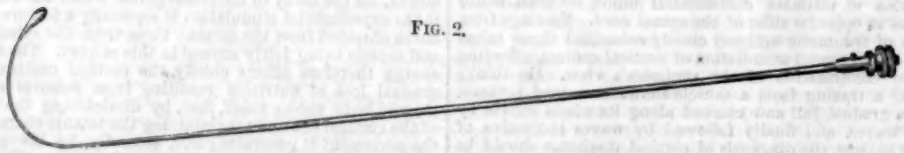


FIG 3.

FIG. 4.

The rectum being distended as before directed, no injection of the bladder takes place, but the sound containing the stylet is passed and retained in place by an assistant. The dissection is now carried on in the median line, as usual, until it has nearly reached the bladder, when the olivary end is plainly distinguished, and the stylet is withdrawn by the assistant. The end of the sound and the slit therein are now easily felt through the tissues by the index finger. When the fibres of the bladder are laid bare at and around this spot, the hook is passed deeply into the slit, so as to take up a portion of the vesical coat and hold it securely, while it is perforated by a scalpel in an adjacent spot. By this means the bladder is prevented from collapsing and slipping down out of sight or reach—an accident very apt to occur and to embarrass the operator if he opens the viscus on the end of an ordinary sound, which usually emerges by the opening, while the bladder disappears by contracting and shrinking around the instrument. In these circumstances it has often been found difficult to introduce anything into the cavity by the side of the sound, a dilemma which the little contrivance proposed above efficiently provides against. In the old method of operating on a staff, without distension of the rectum, this accident not infrequently happened, and I have little doubt that the endeavours to re-establish the route into the bladder sometimes occasioned disturbance of the cellular connexions around the neck, and so induced the infiltration there, formerly said to have been one of the risks of the operation.

FIG. 5.

FIG. 6.

Reverting to the use of the index finger-nail as a divider of tissue in the operation, and its marked superiority to the knife, it has occurred to me that a more generally applicable instrument might be constructed in ivory. Accordingly, Messrs. Weiss have made one to my design, of which the woodcuts Figs. 5 and 6 give a representation on a scale of exactly half the linear measurement. The lower, or slightly convex, end seen at Fig. 5 is very finely serrated, and acts as an artificial finger-nail; the hooked termination for drawing aside a vein is shown in a lateral view of the instrument at Fig. 6.

CONSEQUENCES OF NARROWING OF THE MITRAL VALVE WHEN OCCURRING IN CHILDHOOD.

BY SAMUEL WILKS, M.D., LL.D., F.R.S.,

CONSULTING PHYSICIAN TO GUY'S HOSPITAL.

IN the year 1844 my late colleague and teacher, Dr. G. H. Barlow, of Guy's Hospital, delivered the Gulstonian Lectures, having for their title "Diseases arising from Defective Expansion of the Lungs in Early Youth." The author illustrated this theme by examples of young persons who about the period of puberty exhibited symptoms of pulmonary obstruction, and often of dropsy, and in whom there was found after death a narrow chest, small lungs, a corresponding small trachea, and at the same time a heart diminished in size and the mitral orifice much contracted in calibre. He believed that if any cause existed which tended to contract the chest, pulmonary expansion would be impeded, the lungs would become small, and the mitral orifice, through which passed a diminished stream, would become proportionally contracted. There can be no doubt that a very interesting series of cases was observed by Dr. Barlow, but I have long thought that his reasoning about them was incorrect. His facts with reference to the relation between the organs of circulation and the attenuation of the body generally were no doubt true, and opened up a subject of great physiological interest, but I

am inclined to think that in the majority of such cases as he described the prime cause was not to be found in the contracted chest, but in the heart itself. A valve simply diminished in size is sometimes met with, but according to my own experience this is very rare, the contraction being usually accompanied by some indication of a previous inflammatory process. It is a curious fact that in very many cases there is a corresponding narrowing of the tricuspid valve. This might appear to prove that an endocarditis had undoubtedly at one time been present, although on the theory of adaptation the narrowing of the two valves at the same time would not be so remarkable. Two or three years ago Dr. B. Fenwick brought before the Pathological Society a large number of cases of stenosis of the tricuspid valve, and in nearly all of them the mitral was similarly contracted. The fact is one of great interest as showing the relation between the orifices of the two sides of the heart, for even if a rheumatic endocarditis had been the starting-point for the change, I cannot but think the determination of the size given to the softened and contracting valve was fixed by and was a measure of the amount of blood passing through it. Now since stenosis of the mitral is only occasionally accompanied by a corresponding narrowing of the tricuspid, but a contraction of the tricuspid is nearly always associated with a similar condition of the mitral, it may be fairly argued that the one is dependent on the other. The explanation appears easy, since in most instances of stenosis of the mitral the blood is thrown back on the lungs and right side of the heart, so that the latter becomes large and the orifices retain their natural size; whereas in primary obstruction of the tricuspid, which allows only a small quantity of blood to pass into the right ventricle and lungs, a diminished supply is sent to the left heart, and in this way its cavities, with its orifices, would become reduced in size. If this is possible, there seems no reason why a primary cause in the lungs which diminishes the amount of blood circulating in them should not produce the same effect, and by such an argument we see a justification of Dr. Barlow's theory. I might here remark that my experience accords with that of Dr. Fenwick, that in nearly all such cases of narrowing of the auriculo-ventricular valves, and more especially when it occurs on the right side, the subjects are women.

The object of the present communication is to draw more particular attention to the fact that if mitral contraction occur at a very early period of life, whether as a primary affection or secondary to a corresponding narrowing of the tricuspid, other parts of the circulatory system become accommodated to it, and that the patient may reach adult life before the narrowing shall have produced any symptoms; or, as sometimes happens, such contraction may be found accidentally after death without a history of any cardiac symptoms whatever. I saw lately a lady of forty-five years of age, suffering from cardiac dropsy, who informed me that a mitral bruit was known to exist as long as she could remember; and she had grown up conscious of it as part of her being. In various ways the effects of heart-disease are different as occurring in the growing child and adult. After a marked endocarditis in the child, resulting in thickening and narrowing of the mitral valve, there may be observed great enlargement of the left auricle, with hypertrophy of the right side, becoming sometimes so great as to cause bulging of the chest. In these cases the pulmonary artery partakes of the hypertrophy of the ventricle, and is often found thicker than the aorta. Many years ago, when demonstrating this condition, I used to teach that in all probability the second sound of the heart was produced more by the pulmonary than by the aortic sigmoid valves, and this was before I became aware of the clinical fact pointed out by Skoda that the second sound was more accentuated over the pulmonary orifice in mitral disease. But in cases where there has been no history of endocarditis, although it probably might at one time have been present, where the valves have become contracted without much thickening, and therefore retained their efficiency, these secondary effects do not and need not occur. It is evident that the whole of the blood of the body coming back to the lungs and then passing again to the left side, is measured by the size of the mitral orifice. If this be small, the blood passing through it is diminished in quantity, and it becomes a gauge of the reduced circulation. The left ventricle is therefore small, and the whole heart correspondingly diminished in size. The lungs are small as well as the chest, and the respiratory process correspondingly lowered, and with this probably the whole body is impoverished; at all events, the organism is working with a diminished amount of blood. I admit that these simple cases of narrowing are exceptional, for most frequently with the contraction there is some thickening which in course of years manifests itself by symptoms denoting an imperfection of the valve.

It is, however, the exceptional cases to which I wish to draw attention, those in which the mitral orifice, when narrowed, acts first by producing a diminished stream of blood, the amount in the system being measured by the small mitral orifice, and then, as before said, by a shrinking of other parts of the circulatory system. During the present year I have seen two such cases on the post-mortem table. One was that of a woman of middle age who had died of some long-standing disease of the brain. In her body was found a very small mitral aperture, admitting only the point of the finger, but having its edges pliable and in every way efficient as a valve. The ventricle was very small and the whole heart was diminished in size, proving that no obstruction or regurgitation had occurred at the mitral orifice. The lungs were not indurated, nor did they show in any way the congestive conditions so well known in heart disease where the blood has been impeded in its course, nor did the other organs display any indications whatever of analogous congestive processes. A very intelligent student expressed his surprise at the absence of the well-recognised conditions usually met with in obstructive mitral and other valvular diseases, and that there was not the slightest appearance in the body suggestive of stenosis of the valves of the heart. My answer to him was that there was no disease; the mitral orifice was smaller than natural, but an effective valve. The contraction had no doubt occurred at an early period of life, and so reduced the amount of blood, of which it was the gauge; that the whole heart became in consequence reduced in size, and an entirely new state of things set up. This condition is very different from what occurs when a person is full grown and becomes the subject of a stenosed mitral valve, but even then the prolongation of life is due probably in some measure to the reduced amount of blood in the system. This probably was the case in the example of the woman with dropsy before mentioned, who reached middle age before the condition arising in infancy produced any marked results. The fact is well known to all careful observers that a mitral bruit may exist for a great many years without the presence of any marked symptoms, and in such cases it is rightly said that the hypertrophy of the left auricle and enlargement of the right side compensate for the obstruction. This is no doubt true; but I wish also to show in this communication that in some cases the narrow mitral orifice cannot be looked upon in the light of disease; it has so modified the circulation in amount and caused all other parts of the system to conform to it, that a fair amount of health has existed during a lifetime. In such cases, in all probability, no bruit has existed, but merely an imperfect first sound.

CASE OF

EXTRACTION OF THE BLADE OF A TOOTH-FORCEPS FROM THE RIGHT BRONCHUS.[1]

BY SIR WILLIAM MAC CORMAC.

PRISCILLA C——, aged twenty-four, a domestic servant residing at Barnstaple, was admitted on Nov. 23rd, 1885, into St. Thomas's Hospital, under the care of Sir William Mac Cormac. Seven weeks ago she determined to have several roots and teeth extracted previous to getting a new set of teeth. For this purpose chloroform was administered by Mr. Henry Jackson, of Barnstaple, on Oct. 13th, while she lay semi-recumbent upon a couch, the head being raised by pillows. Mr. Sanders, also of Barnstaple, extracted in succession the lower right wisdom tooth, five molar roots, one bicuspid root, and the upper right wisdom and upper right second molar teeth, ten pieces in all. A bicuspid forceps, one of Evrard's,[2] was then applied to the right upper second bicuspid tooth. Three outward and inward movements failed to shake the tooth, and the instrument

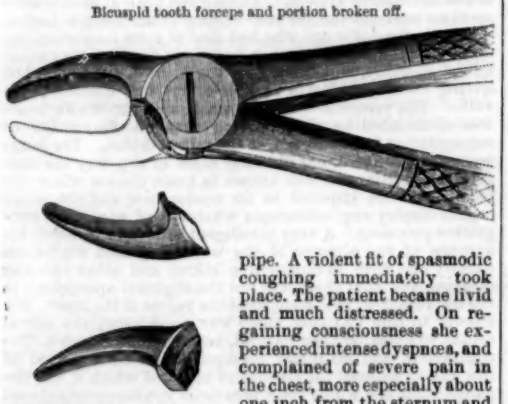
[1] From notes by Mr. W. F. Brook, dresser.

[2] Several dental surgeons who have seen the forceps are disposed to doubt that Evrard was the real maker, and from certain small differences in the forceps believe them to be a spurious imitation.

slipped slightly over the crown. It was readjusted, and again three times a lateral movement applied, always with downward pressure, when suddenly the palatine blade of the forceps broke short off at the thickest part of the shoulder-joint. At the same moment the patient made two or three deep inspirations, and on looking immediately into the mouth the bicuspid tooth was seen to be intact, while the broken portion of the instrument had disappeared. (Fig. 1.) It had passed through the glottis into the wind-

FIG. 1.

Bicuspid tooth forceps and portion broken off.



pipe. A violent fit of spasmodic coughing immediately took place. The patient became livid and much distressed. On regaining consciousness she experienced intense dyspnœa, and complained of severe pain in the chest, more especially about one inch from the sternum and between the third and fourth ribs. Several unsuccessful attempts were made, by inverting the patient and shaking her, to remove the piece of steel. An emetic was also given. Since the accident the patient has remained in bed, suffering from fits of coughing, accompanied by a good deal of pain, and thick, yellowish expectoration, occasionally streaked with blood. On two or three occasions she believes she distinctly felt the foreign body move, and the sputum afterwards contained blood. Once a small clot of blood was brought up. Three weeks ago she attempted to move about a little, but the pain and other symptoms became much worse, and she had to return to bed. The cough and dyspnœa have always been worse after any movement.

On admission, the patient complained of distressing spasmodic cough, pain in the right breast, especially after coughing, radiating to the right shoulder, down to the elbow, and up the right side of the neck; much dyspnœa, especially after coughing. Respiration is accompanied by general rhonchi. A rough, harsh, whistling sound can be heard both with expiration and inspiration, and this most distinctly over the right second intercostal space, just outside the sternum, and posteriorly on the right side on a level with the spine of the scapula. Râles are to be heard over the rest of the right lung; the left is comparatively free. Both sides of the chest move freely and there is no dulness.

Nov. 24th.—The patient woke up last night with an attack of dyspnœa, which lasted about ten minutes. There was no cyanosis. The expectoration is not abundant.

25th.—The patient has been much troubled with cough, which keeps her awake at night. She thinks the pain gets worse and the shoulder more painful. From the history and the tolerably clear evidence afforded on auscultation, Sir William Mac Cormac concluded that the broken blade of the tooth forceps was probably lodged in the right bronchus, and that there was no chance of its spontaneous evacuation. The plan of treatment decided upon was first to open the trachea very freely, and then to try to extract the piece of steel with forceps, the chief difficulty expected being that it would probably be found embedded in the wall of the tube, and from its smooth surface, with little to catch upon, would be difficult, perhaps impossible, to extract. A pair of strong polypus-forceps, slightly bent laterally near the extremity, was selected, as most likely to hold, being chosen from a number of others by trying which of them would hold best on a tooth-forceps blade.

Nov. 26th.—The patient being under chloroform, Sir Wm. Mac Cormac performed tracheotomy. The shoulders were well raised, and the head thrown back and steadied by an assistant. The incision through the skin extended from the cricoid cartilage nearly to the notch of the sternum and was about three inches and a quarter long. On dividing the skin and fascia, two large anterior jugular veins were seen. Cutting between these, the fascia stretching between the sterno-hyoid muscles was recognised and divided, and these muscles separated. The sterno-thyroid muscles were also pulled aside. There was but little difficulty in exposing the trachea below the thyroid body. Above the isthmus there were many veins, some of which bled when attempting to divide transversely the fascia from the upper margin

FIG. 2.

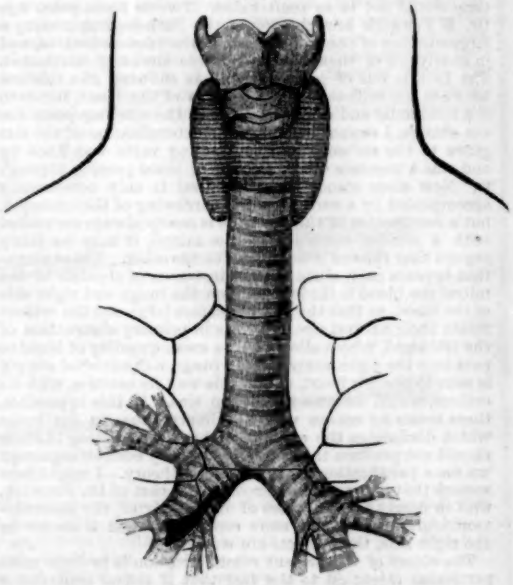


Diagram of the relations of the trachea in an adult female, half natural size, with the foreign body in the right bronchus, where it was believed to have become impacted.

of the thyroid. The trachea, therefore, was cleared in the lower part, and in order to give ample room it was decided to divide the thyroid isthmus. This was done by passing an aneurysm-needle, carrying a double silk thread, from below upwards, tying the tissue of the gland on each side and dividing between. It would have been otherwise impossible to manipulate the forceps, as was afterwards done. The isthmus of the thyroid was large, and covered three or four rings. As soon as it was divided the trachea became thoroughly exposed and accessible throughout its cervical portion. There was very little bleeding; several large veins had been seen and avoided, others clamped before division, and the wound was practically dry. A central incision was now made into the trachea from below upwards, an inch and a half long. Violent spasmodic coughing immediately ensued, but this failed to dislodge the forceps blade. A loop of silk thread having been introduced on each side into the margins of the tracheal incision, they could be widely drawn apart; the superficial soft parts were held aside by retractors, and it was possible to see some distance down the tube. The pair of forceps previously selected were then passed down the trachea; at first the blades were kept shut, and the instrument was used as a searcher. The septum at the bifurcation could be distinctly recognised, and the instrument passed on into the left bronchus, which felt empty. By reason of its curved extremity the forceps could be also readily passed into the right bronchus, and there it seemed to strike against the foreign body. At first the sensation was not distinct, the blade of the tooth-forceps being, it was believed, more or less buried in the wall of the bronchus, granulations having probably formed around it. Attempts to grasp it at this stage failed. A gunshot probe was introduced, and a metallic sound became audible to the bystanders, the body being struck about four inches below the wound. A series of unsuccessful attempts to extract the forceps blade was

now made with every instrument available. It was seized by the forceps several times, but each time slipped out of their grasp, and this was evident both by sound and sight to those present. The blade could each time be reached at the same place; it did not change its position. Its proximal extremity was, so far as one could judge, an inch and a half below the bifurcation, in the right bronchus or one of its primary subdivisions, and, as previously mentioned, quite four inches below the lower extremity of the tracheal opening. (See Fig. 2.) There could be no doubt whatever as to the exact position of the body, for it was felt again and again, and the forceps introduced to extract it slipped again and again from its smooth surface. A piece of fine drainage-tube was slipped over one blade, in hopes that a better hold might be obtained on the piece of steel; but this failed. The patient had been placed in an almost inverted position, so that if loosened the piece of steel might fall towards the opening in the trachea. She was also well shaken, but without result. A wire loop was passed, in the hope of getting beyond and dislodging it, but this plan likewise failed, and the forceps were again resorted to. Urethral forceps and others were used, but with the same result as before, until the pair of polypus-forceps first selected were again introduced. This time they fortunately retained their hold, and the piece of steel was at length successfully withdrawn. The blades had grasped the narrow claw of the tooth-forceps; the larger end had probably lodged in the subdivision of the bronchus. The broken portion of forceps is shown in Fig. 1. It is about an inch long, with sharp margins and very irregular form. The weight is sixty-three grains. The position it was believed to occupy is indicated in Fig. 2.

Some trifling bleeding took place from the interior of the air-passage. It was decided, however, to close the wound. The loops of silk thread were withdrawn and the edges of the trachea brought accurately together by silk sutures; two drainage-tubes were put into the external wound, and the latter closed by four silk sutures and dressed with iodoform and iodoform gauze. All this time—about an hour and a half—the patient was kept partially under the influence of chloroform administered through the tracheal opening by a tube. She was conscious enough, however, to murmur thanks the moment the blade was extracted. When the patient was taken back to the ward a steam kettle containing water and some eucalyptus oil was placed at the head of the bed, which was screened off.

27th.—The patient had little sleep until early this morning, when a hypodermic injection of one-third of a grain of morphia was administered. When she coughs she complains of much pain and soreness in the right side of the chest, especially just above the level of the right nipple. She has coughed up a little blood and mucus. The wound was dressed, and presented a healthy appearance. At first air passed through it when the patient coughed; very little appears to pass now, and there is no emphysema of the neck. The tongue is clean; the pulse 112. Temperature at 8 A.M., 100·8°; respiration 20. She has a tranquil appearance; no anxiety or respiratory distress.

28th.—The patient slept well after two morphia injections, one at 4 P.M., the other at 10.30 P.M. She still complains of great soreness in the chest and right shoulder, especially on swallowing or coughing. There is no impairment of resonance over either lung; no difficult respiration, but scattered rhonchi are audible over both lungs, and moist sounds at the base of the right. There is but little cough; the expectoration is muco-purulent, and scarcely stained with blood. The temperature at 8 A.M. was 100·2°; pulse 112; respiration 21. The wound is looking healthy, but is gaping a little between the sutures below, and some air escapes through it. There is no emphysema.

Dec. 3rd.—The sutures were removed, and the upper part of the wound supported with strips of adhesive plaster.

5th.—Temperature, pulse, and respiration are reported normal. Expectoration very slight, with the merest trace of blood-staining. She feels well, and the wound is healing satisfactorily. Some air still escapes from its lower end, but there never has been any other trouble.

Very soon after the 11th, the wound was reported completely healed, save a very small opening below, through which a little air escaped. The patient seemed quite well.

The history of the case may be summed up very briefly. Except at the lower part the wound soon healed; here for a short time some air passed in and out, but by the middle of December the wound had all but closed, a slight amount of air gaining exit only on the patient coughing forcibly. The pain and other chest symptoms gradually and steadily abated, and had completely disappeared by December 10th.

Dec. 24th.—The patient may now be pronounced quite convalescent. The wound is perfectly closed, the cicatrix being linear. She has been up and about for the last week, and is enjoying her usual health. The chest sounds are normal. She says she feels perfectly well; her appetite is good; she sleeps soundly; and, in short, is in no respect different from what she was before the operation. Discharged.

Remarks.—This interesting case affords another example of the greater relative frequency with which foreign bodies in the air-passages find their way into the right bronchus. So far as I can learn, the accident here related is absolutely unique. Teeth have passed into the trachea, and tooth-forceps have broken many times before now, but the broken portion has fortunately not been inspired. The forceps in question has the imprint, at all events, of one of the very best makers. In this case the nature of the foreign body, its size, and pretty surely its exact position, were all known beforehand. This is very often otherwise in the case of foreign bodies supposed to be in the air-passages; the history is generally imperfect, the symptoms frequently obscure, or at times they may be altogether absent, so as to render the presence or absence of the foreign body doubtful. Yet, with all the knowledge we in this instance possessed, the extraction of the blade was only accomplished with the greatest difficulty. In an analysis of 1000 cases of foreign bodies in the air-passages, published in Vol. I. of the Transactions of the American Surgical Association, Dr. Weist states that "when the foreign body is impacted in one of the bronchi the chances of expulsion at the time of operation are small, and attempts at extraction by instruments generally end in failure." The measures at first employed in this case—inversion and emetics—cannot be regarded as free from the most serious risk of sudden death, unless the surgeon is prepared at once to perform tracheotomy; indeed, I consider tracheotomy should always be first performed before either is resorted to. Probably the body was in this case firmly impacted from the first, as it certainly was when attempted to extract it. The only means, I think, untried was a magnet, and that, although thought of, could not be obtained. I do not know of any other method more likely to succeed than by means of a forceps such as I first thought of, which ultimately proved successful. To this and the free opening of the trachea are due the credit of success. It is fortunate that so sharp and angular a body had not produced more serious ulceration. The air-passages bore the prolonged manipulation well, and the reaction afterwards was moderate, being limited to some localised broncho-pneumonia, that soon passed off. There was no hæmorrhage of any importance. The patient was kept under the influence of chloroform throughout, by a tube introduced from time to time through the opening in the trachea.

The drawing of the trachea and its relations is from the hand of my colleague, Mr. Anderson. It represents an average female trachea, half the natural size, and the position the body was believed to be in. The septum of bifurcation is from half an inch to three-quarters higher inside than it shows outside, so that the body is really much further from the bifurcation than the drawing apparently indicates. From the position it occupied between the blades of the forceps after extraction, it must, I think, have lain in the bronchus as it is represented in the figure, and its larger extremity had doubtless passed some distance into the principal subdivision of the bronchus, which is practically a continuation of the main tube.

Harley-street, W.

PATHOLOGICAL SOCIETY.—The following is the list of Officers and Council proposed for election for the year 1886:—President: Dr. Bristowe. Vice-Presidents: Dr. Charlton Bastian, Dr. Cayley, Dr. T. H. Green, Dr. George Johnson, Mr. Morrant Baker, Mr. Hulke, Mr. Sydney Jones, Mr. T. P. Pick. Treasurer: Mr. John Wood. Honorary Secretaries: Dr. Coupland, Mr. Butlin. Council: Dr. Carrington, Dr. Finlay, Dr. Goodhart, Dr. Hadden, Dr. Longhurst, Dr. Norman Moore, Dr. Semon, Dr. Seymour Sharkey, Dr. Charlewood Turner, Dr. Samuel West, Mr. Arthur E. J. Barker, Mr. Bowlby, Mr. Watson Cheyne, Mr. Henry Hugh Clutton, Mr. Frederic S. Eve, Mr. Golding-Bird, Mr. John Hammond Morgan, Mr. Henry Morris, Mr. Samuel G. Shattock, and Mr. Charters Symonds.

ON CHOREA, WITH REFERENCE TO ITS SUPPOSED ORIGIN IN EMBOLISM.

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DR. ANGEL MONEY, in a paper, published in the current volume of the Medical and Chirurgical Transactions, relates some experiments in embolism which have an important bearing upon the origin of chorea. Dr. Money introduced minute artificial emboli, starch-globules, and grains of carmine into the hearts and arteries of rabbits, guinea-pigs, cats, and dogs, with the production of embolism of the brain and cord, and the supervention, when the cord was affected, of choreic movements—"involuntary movements indistinguishable from those of chorea." The embolic theory of chorea, fathered by Kirkes and espoused by Dr. Hughlings Jackson, has thus received a sort of confirmation—a confirmation by synthesis, one to which it is impossible not to attach significance. This introduction of a new fact makes it necessary for those who, like myself, have been opposed to the embolic theory to reconsider their conclusions. Clinically, while the connexion of chorea with acute rheumatism is consistent with, and probably suggested, the embolic theory, the no less frequent origin of the nervous affection in mental emotion, particularly fright, is inconsistent with that hypothesis. It is a familiar observation that though the chorea of mental origin continually becomes associated with a cardiac murmur, yet that the chorea precedes any alteration in the rhythm or sounds of the heart, as if the cardiac were the result, not the cause, of the nervous disorder. Again, chorea displays a preference for families in which insanity, epilepsy, neuralgia, or other neuroses have declared themselves, as if nervous structure rather than vascular accident were in question.

I have a number of sections from the nervous centres in chorea which helped to form the basis of a paper in the fifty-ninth volume of the Medico-Chirurgical Transactions. I have reviewed these with the help of Dr. Money's observations and ten years' additional experience on my own part, and will proceed briefly to state the facts as they now present themselves, and collect the light which they throw upon the nature of the disease.

The facts of morbid anatomy may be thus summed up. There is in fatal cases of chorea a remarkable fulness of both arteries and veins in the upper part of the spinal cord and in the brain between the top of the cord and the lateral ventricles. The veins are more generally filled than the arteries, though the filling of the arteries, being more exceptional, is the more significant. Usually the vessels, whether arterial or venous, contain blood in a recent or unaltered state; but notably in one instance an artery under the corpus striatum, apparently a branch of the middle cerebral, contained decolourised clot, whether an embolus or a thrombus. This did not necessarily indicate more than past stasis, whatever its cause. The arterial fulness in this position so closely resembles what I have figured as occurring with diabetes mellitus,[1] that it is to be inferred that what is the nature of the one is the nature of the other. Whatever difference of opinion there may be as to the origin of the diabetic congestion, I presume there is none as to its existence, nor can there be any suggestion that it is embolic. In many parts, both in the brain and cord, but most numerously in the cord, are seen the results of erosion, exudation, and hæmorrhage. I say nothing about the so-called miliary sclerosis, or punctiform degeneration of the nervous tissue, which was found in some cases in close relation to the bloodvessels, because it is doubtful how far this is post-mortem leakage—post-mortem leakage from the distended vessel possibly favouring a peculiar kind of cadaveric change in the adjacent substance. Speaking, therefore, only of the unequivocal consequences of vital action, distension, erosion, exudation, and hæmorrhage, these are distributed with some approach to regularity in the affected regions, with greater frequency in some parts than others, more in the grey matter of the cord than in the white, more in the lateral portions of the grey horns than elsewhere, and more in the lower parts of the brain than the upper. The changes frequently approach, and sometimes present with completeness, a condition of bilateral symmetry; they are often further advanced on one side than the other, but it is the rule rather than the exception to find that if there be a marked hæmorrhage on one side, as in one horn of the cord, a lesser degree of hæmorrhage, or possibly only vascular fulness, will show that the corresponding part on the other side is in a similar or allied condition.

I will dwell in a little further detail on this tendency to bilateral symmetry, because, though it is not unknown for embolic accidents to occur with some approach to similarity on the two sides of the body, yet, if this symmetry can be shown to present itself with anything like constancy, a cause which acts with more regularity than embolism must be suspected. First as to hæmorrhage. In one case a great hæmorrhagic extravasation was found occupying a large portion of the grey matter on one side of the cord, while on the other side, in the corresponding position, were remarkably distended vessels. At the same level blood was extravasated into the anterior fissure, close to the commissure. In another case were considerable extravasations in the grey matter of the cord, in both dorsal and lumbar regions, similarly placed at the same level on both sides, at what may be considered the junction of the anterior and posterior horns. Blood was also found in the anterior fissure. Thus the extravasation especially affects the grey matter—I have never seen it in the white,—and is apt to concern both sides symmetrically. This points to selection rather according to function than by chance.

In other cases were symmetrical changes of other kinds, which were even more conclusive against embolism. In that of a boy who died with heart symptoms while convalescing from a severe attack of chorea, which had set in nine weeks previously, were found remarkable tracts of translucent degeneration in almost exactly the same regions on both sides of the grey matter of the cord, accurately bounded so as to exclude the white. The grey matter, which was changed chiefly by a destruction and removal of the nervous elements, the fibroid remaining unaffected—the degeneration would probably be called sclerosis, but I avoid the use of the word, as it has been applied to changes of a different and somewhat equivocal nature,—was affected with certain differences at different levels, but at each level in such a way that one side of the cord was almost exactly the counterpart of the other. In the paper referred to I have given a drawing of one half of the cord in this case, which drawing would serve, *mutatis mutandis*, to represent with almost equal accuracy the other half of the section. The parts chiefly affected were the lateral regions of the grey matter, together with the outer portions of the posterior horns. It is to be observed that the parts thus affected were nearly those which in earlier cases were the seats of hæmorrhage.

To conclude the evidence of bilateral symmetry in the lesions of chorea, and of their incompatibility with an embolic origin, I will briefly advert to a case related and figured in the Medico-Chirurgical Transactions—that of an old woman who died of chorea, which had lasted for four years. In the cervical and upper dorsal regions of the cord were *masses* or *pools* of nearly structureless exudation, which formed striking objects under the microscope. I say "masses" or "pools" because, though the exudations presented themselves as solid after the action of chromic acid, it is possible that they might not have been so during life, but have consisted of serum, which the hardening agent coagulated. Solid or liquid, they were there, were symmetrical, and occupied much the places which were chosen by other choreic lesions. The intruded material was similarly disposed in each half of the grey matter, chiefly at its outer or lateral parts and at the beginning of each posterior horn; it was also found in the anterior fissure. The post-mortems upon which I have drawn were seven in number, of which, it will be observed, I have been able to appeal to four in evidence of a systematic placing of the lesions, which must be regarded as purposive rather than accidental.

In further regard to the pathology of chorea and of embolism, it is to be noted that, while the lesions of chorea are mainly in the cord, though not confined to it, this part of the nervous system rarely presents the known and admitted signs of embolism. We easily recognise the appearances which this accident gives rise to in the brain; they are often visible, even conspicuous, upon the pia mater; but we do not see them in the cord, excepting as pyæmia,

[1] Renal and Urinary Affections, part i., pp. 36 and 37.

and then infrequently. It is true that the cord is less often exposed to view than the brain, but often enough to enable us to say at least that spinal embolism is rare, while chorea is common.

Again, if embolism of the cord ever occur, and no doubt it may without being found, it would probably be in those cases in which, together perhaps with evidences of embolism in many parts of the body, there is general and minute embolism of the brain. I have seen such cases, but never found chorea among their symptoms. Further, it may be stated as a general truth that where embolism is certified to after death by blocks, impactions, or other indubitable results of the process in one organ or many, there is no history of chorea. This statement will find confirmation in the experience of every physician who frequents the dead-house as well as the wards. But not to trust to impression or recollection, I will appeal to facts in detail as presented by the very complete post-mortem and case books of St. George's Hospital, together with those belonging to the Hospital for Sick Children, which are kept on the same plan.

I have examined the St. George's records from the time when I became curator in June, 1861, by which time embolism had become well understood, until October, 1885, comprising twenty-four years and 6787 examinations. One hundred and forty-seven of these gave evidences of embolism in the well-known shapes of blocks in the kidney, spleen, and liver, and plugging of arteries chiefly in the brain. From this enumeration I have excluded embolism confined to the right side of the heart and the pulmonary vessels, as the left side of the heart, and the systemic circulation only, can be supposed to be in relation to the nervous system. Among the 147 cases were but two in which there was any record of chorea. The subject of one of these was a girl of seventeen, whose chorea began with and was apparently due to illegitimate pregnancy. There was no history of rheumatism. The endocarditis and embolism succeeded upon the chorea and were apparently consequent upon it. There were blocks in the kidney and liver; there was no sign of embolism in the brain. The other case was that of a young woman who died at the age of nineteen, with heart disease and embolism, not cerebral. At the age of twelve she had had an attack of chorea, which, as far as was known, did not recur. These were the only instances of chorea among the 147 cases of embolism. The series included, generally many times over, every recognised result of embolism. There were thirty-four examples of cerebral embolism, together mostly with embolism elsewhere, and of these thirty-four were several in which the brain was permeated with "embolic dust"—emboli so finely divided and widely distributed as to promise any result which minute embolism general to the nervous centres could produce. To add to this the experience of the Hospital for Sick Children, I find that from January, 1860, to June, 1885, there were 1867 post-mortem examinations and eleven of embolism. Embolism, by this showing, is less frequent in children than adults. Chorea, as is well known, is the more frequent in children. In the eleven cases of embolism were two in which chorea was simultaneously present; one in which it had occurred, along with acute rheumatism, three years previously. Thus, of 158 cases of embolism from both sources, there were three in which chorea coexisted, two in which there was a history of it; at most five cases of chorea in 158 of embolism. Thus, if chorea is a result of embolism, it must be a very infrequent one.

To take now another aspect of the question, and look at the coincidence of embolism and chorea from the standpoint of chorea, these three cases in which embolism and chorea co-existed—the chorea displayed in the last illness and the embolism found afterwards—were the outcome of 27 cases of chorea, of which the post-mortems were recorded in the same books at the same time, 14 from St. George's, and 13 from the Hospital for Sick Children. Thus, in 27 cases of death with chorea, embolism was recognised but in 3. Considering the frequency of heart disease in chorea, whatever may be the nature of the association, embolism strikes one as occurring less often than might have been expected. Among the 27 cases of chorea, endocarditis was present in a recent state at death in 22 cases, with which in 5 pericarditis was conjoined. I have elsewhere discussed the nature of the connexion between heart disease and chorea. That embolism does not supply the link is shown by its infrequency when chorea is present, and further by the exceeding infrequency of chorea when embolism is present. It is clear from the proportion of pericarditis that the endocarditis of chorea is often rheumatic; we do not as yet know how chorea is connected with rheumatism, though it is sufficiently obvious that it is so. In many cases where heart disease and chorea have concurred it has been manifest to clinical observation that the chorea has come first, the cardiac disturbance afterwards.

Table presenting concurrence of Chorea and Embolism in 8654 cases, with post-mortem examination: 6787 from St. George's, 1867 from the Hospital for Sick Children.

	St. George's.		Hosp. for Sick Children.		Total.		
	Male.	Fem.	Male.	Fem.	Male.	Fem.	Both sexes.
Embolism	83	64	8	3	91	67	158
Chorea	2	12	3	10	5	22	27
Embolism with chorea	—	1*	1	1†	1	2	3

* Besides this, there was one case in which a girl who died at nineteen with heart disease and embolism had had chorea at twelve.

† Besides this, there was a case of a girl in whom chorea and acute rheumatism had occurred three years before death, with embolism.

Human pathology, from whatever point of view we have as yet regarded it, gives no encouragement to the embolic origin of chorea; while it is almost conclusive against what is the same thing in a different light—chorea as a result of embolism. The clinical consequences of embolism are well known as gathered from cases in which the characteristic lesions have been found after death. Chorea has no place among them. Cerebral embolism often presents itself with sudden hemiplegia, which may be, but more often is not, briefly preceded by convulsive movements in the affected limbs, in no respect resembling the movements of chorea. The paralytic attack is usually without loss of consciousness; it is often on the right side, and with aphasia. Shivering, vomiting, pain in the head, sudden blindness, epileptiform convulsion,[2] drowsiness, delirium, and finally coma, are each occasionally present. Besides these, as the symptoms of the more chronic and localised shape in which the accident happens, there is an acute form in which "embolic dust" is widely distributed, which is characterised by symptoms which resemble those of meningitis or of one of the specific fevers—headache, vomiting, repeated rigors, high fever, and active delirium, but no localised paralysis. In this form the wide and probably general scattering would lead us to expect chorea, could this symptom result in the human subject from such a cause; but neither in the limited nor in the general form of the disorder is any such consequence to be recognised.

I will now apply another test to the supposed association of embolism and chorea as cause and consequence. It has been shown that chorea and the recognised manifestations of embolism have little tendency to present themselves together in the same individuals; do they concur in the same classes of persons as to age and sex? If the disease is a result of embolism, it is but likely that there will be some correspondence in the incidence of the two conditions—that where one is abundant there will the other occur with some frequency. Whether this is so, the following facts will show. Of the 147 cases of embolism from the post-mortem books of St. George's Hospital, 83 were in male and 64 in female subjects. This is of value as the experience of a large general hospital. Male admissions at St. George's Hospital are more numerous than female in the proportion of three to two. This does not rest on any inflexible hospital arrangement, but on the greater frequency with which men apply, owing, no doubt, to their greater share of accidents and exposure. The post-mortem books at the Hospital for Sick Children give 8 cases of embolism in the male and 3 in the female. Thus it appears that at every time of life embolism is the more frequent in the male. It must at least be allowed that this disorder does not fall upon the female with any preponderance. Now as to chorea, the proclivity of which for the female sex is almost too familiar to need illustration. A glance at the annexed summary of post-mortem results shows 22 deaths of females to 5 deaths of males from this cause; and clinical evidence tells in the same direction. At the Hospital for Sick Children I had charge for a time of both boys and girls—for a time of boys only, for a time of girls only. Putting

[2] See report of two cases of Cerebral Embolism by W. H. Dickinson, British Medical Journal, May 21st, 1881.

aside the fatal cases which I have already spoken of, I was enabled to tabulate in the paper already referred to the particulars of attacks of chorea affecting 69 children. Of these, 50 were girls, 19 boys. To take the more recent experience of the same hospital, and as a whole, without distinction of physician, I have learned from Dr. Chaffey, the present registrar, that in the last seven years 472 patients were admitted with chorea—336 girls, 136 boys. Thus embolism and chorea differ in their incidence. One has little sexual preference. Of the other the sexual preference is strongly marked.

Next as to age. Embolism is connected with antecedent disease—rheumatism or other. Acute rheumatism is less frequent in childhood than in early adult life, and the other changes to which embolism is due are mostly more chronic and of still later occurrence. Thus embolism belongs rather to adult life than to childhood, while chorea belongs rather to childhood than adult life. At St. George's Hospital, where patients of all ages are admitted, the results of embolism were found on an average once in 46 post-mortems. At the Hospital for Sick Children, where the patients range from two to twelve, these results were found once in 169 post-mortems. Thus embolism is nearly four times more frequent in a mixed community than in a community of children. At St. George's the patients admitted with embolism varied in age, the males from 15 years to 74 years, the females from 3 years to 66 years. The average age of the males was 38, of the females 29, of both together 34. As to chorea, the ages of the two male subjects was in each case 11 years. That of the females varied from 7 years to 54 years, giving an average of 17, raised thus high by what may be termed the accidental or at least the exceptional inclusion of the case fatal at the unusual age of 54. The average of the male and female cases together was 16. Thus from the experience of a general hospital, where there is no exclusion on the ground of age, persons die with embolism at a mean age of 34, with chorea at a mean age of 16, the last figure being no doubt higher than it would commonly be owing to the exceptional case to which reference has been made. Chorea thus belongs to an earlier period of life than embolism.

To recapitulate the evidence which has been adduced for and against the embolic origin of chorea.—When chorea is associated with acute rheumatism, endocarditis often precedes the nervous affection. When chorea arises otherwise, as in fright, the nervous affection may precede any cardiac disturbance, the valvular lesion in such cases being, so far as clinical observation can show, not the first departure of the disease, but acquired in its course. Chorea is apt to occur in neurotic families. Pathologically, though the lesions of chorea are mainly vascular and perivascular, as are those of embolism, yet the parallelism does not extend into particulars. The distended vessels of chorea almost invariably contain blood-corpuscles, not fibrine; and the lesions have a bilateral symmetry, and proneness to repeat themselves in certain places functionally chosen—habits consistent with an origin in nervous disturbance, not with one in embolism and accident. After death with chorea the embolic process was found to have occurred in some part of the body in a tangible proportion of cases—3 in 27. But taking the frequent concurrence of valvular disease and chorea, however accounted for, the proportion of embolism is probably no more than would be reckoned on as due to the heart disease, even though it were presumed that the accident had no connexion with the nervous disorder. That there is no necessary connexion between embolism and chorea appears by the absence of the disease among the recognisable consequences of embolism. One hundred and forty-seven cases in which this lesion was found at St. George's gave but one of chorea; among children chorea presents itself with more frequency, but, nevertheless, 3 in 158 represents the total concurrence. Next, embolism is distributed between the sexes not very unequally, the male taking the larger share. Chorea is about three times more frequent in the female than in the male.

Finally, it has been shown that embolism selects a later time of life than chorea, the average difference being probably under-stated by that between thirty-four years and sixteen. This selection by chorea of females and the young, while embolism displays no such partiality, is not conclusive against their relation as effect and cause, though it tells in that direction. It is conceivable that female children may have a special susceptibility, in virtue of which they develop chorea from a cause which is insufficient to produce it in the male. Alcohol causes paraplegia in the female, seldom in the male; delirium tremens in the male, seldom in the female. It is not improbable that some of the causes of chorea may be presented equally to both sexes, but affect them unequally; and so it may be with embolism. But embolism is a coarse, mechanical accident, the consequences of which are not likely to be dependent on special susceptibilities. A storm of emotion may shake or shatter the more tender structure and leave the tougher unhurt; but we have no reason to attribute any such partiality of effect to the impaction of clots. The probability is that if chorea is a result of embolism, where embolism is there will be chorea. Putting all the evidence together, it appears to me to be conclusive against the embolic origin of chorea. Dr. Money's artificial embolism caused many varieties of abnormal or forced movement, of which chorea was one. If the right place be irritated, we have no reason to suppose that the irritant must always be the same. The irritation, for aught we know, may begin in one case in the vessel and affect the nerve, and in the other begin in the nerve and affect the vessel. The artificial process may be somewhat similar in its results to the natural one, and yet the *modus operandi* of nature and art be essentially different. In both we can recognise plugged or distended vessels, and must infer the irritation of certain motor centres, but we need not assume a resemblance in all particulars or identity of origin. It by no means follows that because choreic movements are among the results of artificial embolism in animals, chorea as a disease is the result of embolism in man. Dr. Money, in his valuable and judicious paper, carefully abstains from drawing this conclusion, and I venture to think that the facts I have adduced justify his caution in this respect.

Chesterfield-street, Mayfair, W.

NOTE ON

ANKLE-CLONUS AS A SYMPTOM IN CERTAIN FORMS OF NERVOUS DISEASE.

BY W. S. PLAYFAIR, M.D., LL.D., F.R.C.P.

I HAD not the advantage of being present at the discussion at the Medical Society at which Dr. Gowers read his very interesting paper on the "Diagnostic Value of the so-called Tendon Reflexes." In this Dr. Gowers maintains, but with more reservation than in his book on "Diseases of the Spinal Cord," that the occurrence of distinct ankle-clonus may generally be taken as a proof that a given case of hysterical paraplegia, as well as other cases of supposed functional nervous disease, is really of structural origin. If this fact could be relied on as a certain sign of such structural changes in the spinal cord as preclude the hope of permanent cure, or of such amelioration in the walking powers as is tantamount to it, it would be an immense help to those who have to face the almost insuperable difficulties of diagnosis which sometimes present themselves; for the symptom is one easily tested. The fact that I have chanced to direct attention in THE LANCET to the so-called "Weir Mitchell Method" of treating certain forms of functional nervous disease in women has given me the opportunity of seeing many obscure cases of this kind, and I have naturally had my attention directed very closely to this point in the hope of avoiding an error of diagnosis. In many doubtful cases I have had the advantage of consultation with Dr. Buzzard, as well as with other neurologists equally distinguished, and to some of these Dr. Buzzard referred in the discussion which followed the reading of Dr. Gowers' paper, when he said he had seen with me "ankle-clonus, quite indistinguishable from that which was characteristic of lateral sclerosis, occur in many cases of hysterical paraplegia, in which, on recovery, it ceased to be elicited." I am perfectly satisfied that if the presence of true clonus should always be taken as a contra-indication to a well-directed and systematic effort to cure certain cases of functional or "nutritional" nervous disease, as Dr. Gowers so wisely suggests they should preferably be called, then the serious error would be fallen into of leaving untouched cases quite within the possibility of cure. Dr. Gowers says: "I have never seen an unquestionable instance of it"; I can positively state, on the other hand, that I have

seen not one but many cases in which, at first, a perfectly characteristic clonus was obtainable, and in which, under the improved nutrition and increased strength following systematic treatment, this symptom steadily and progressively diminished, being constantly tested from time to time, until at last it could not be elicited at all. In these I commenced treatment with doubt and anxiety on account of the presence of the clonus; and, had it not been for Dr. Buzzard's encouragement, some of them would have remained uncured to this day, so far as I am concerned. As was only natural, therefore, I paid very particular attention to this point, and I cannot be mistaken as to the issue.

It is needless to burden this note with cases, but I may refer, in illustration, to two marked examples which I well remember.

Mrs. D——, aged fifty-two, completely paralysed in her lower extremities for twenty-five years. Has never moved off her couch all this time except occasionally across the room on crutches. Exaggerated knee-jerk and distinct clonus. A year has elapsed since I last saw this patient, and then it was impossible to elicit any clonus at all. She has since remained perfectly well, is able to take long walks, to visit amongst her friends, &c.

Miss I——, aged thirty-five. Seventeen years practically bedridden. Here, again, clonus was quite distinct. Two years have elapsed since this patient was under my care.

I select these cases because Dr. Buzzard saw them with me, so that there can be no doubt that the clonus noted was not the "spurious foot-clonus" Dr. Gowers refers to.

Dr. Gowers says very pertinently: "Cases of hysterical paraplegia with excess of myostatic contraction get better, but do they get well? The patients regain the power of walking, but not of walking well; they remain what is popularly called bad walkers, soon tired, even with standing." This seems to me exceedingly probable, but it is obvious that if such patients can be made so far better that they discard their crutches, give up their beds, and cease to be the miserable invalids so many of them are, then they get, at any rate, well enough to justify any efforts at cure, in spite of the pre-existence of an excess of myostatic irritability. I by no means intend to under-estimate the grave import of this symptom; all I contend for is that it must not be too exclusively relied upon in settling the diagnosis of a doubtful case. I heartily wish, for the comfort of those who are responsible for the diagnosis, that it could. The solution of the riddle will probably be found in the direction of Dr. Gowers' suggestive remark: "That in many of these cases there must be a change, and a considerable change, in the nutrition of the nerve elements—sometimes, it may be, springing out of a mere functional derangement, but always maintaining and increasing that derangement." It is because of this, I believe, that the systematic treatment of these cases often has such surprising results. Beyond and above the moral effects of removal from unwholesome domestic surroundings, and the personal influence of the medical attendant, the improved nutrition of her whole body is such as no one can believe who has not seen the results, and with this increased nutrition comes the disappearance of the symptoms. But that there is always a considerable risk that in old-standing cases of this special form of neurosis the impaired nutrition of the central nervous system may have led to the establishment of progressively increasing structural disease is a fact which, I believe, increased experience in this very obscure class of disease will prove to be the case. This, I cannot doubt, is the true explanation of the occasional want of success in the treatment of cases in which the diagnosis of so-called "functional" disease was beyond question. This everyone who has tried to cure many of these cases must have met with; nor is it any reason why the attempt should not be made. Hitherto, when we have had to deal with a case of "hysterical" or "functional" disease, we have all been too much in the habit of simply establishing the fact, forgetting that patients come to us, not to be diagnosed, but to be cured. If the patient have the good fortune to come under a "faith cure," or to go to Lourdes, or to fall into the hands of anyone, whether a regular or irregular practitioner, who has sufficient moral influence over her, now and again a cure of this lamentable illness may occur in a hap-hazard sort of a way; otherwise she may linger on for half a lifetime, a burden to herself and all who come in contact with her, but no medicine will touch her case. Whereas, as a matter of fact, she is suffering from a class of disease which, rationally and scientifically treated, is more completely within the resources of our art than almost any of the diseases which "flesh is heir to," although doubtless the cure requires an enormous amount of patient work.

ON THE

IMMEDIATE OCCLUSION OF THE CORNEAL WOUND AFTER EXTRACTION OF CATARACT.[1]

BY DR. GALEZOWSKI.

THE operation of extraction of cataract has made of late very rapid progress, and the results obtained now are most satisfactory, failures being only seen in cases altogether exceptional, such as traumatisms, or when the general condition of the patient is extremely weak and broken down. The success of the operation depends, without doubt, on the manner of operating, as well as on the subsequent care and post-operative dressings. After the labours of Jacobsen, Mooren, and De Graefe, ophthalmologists throughout the world adopted the principle advocated by these eminent German authors—that, in the extraction of cataract, it was necessary to excise the iris, as by so doing the suppuration of the corneal flap was prevented; and they used to practise it either on the peripheral border (sclero-corneal) or on the sclerotic proper, thus enabling the wound to take almost linear form and become easy of coaptation. This was the opinion that prevailed among ophthalmologists, and which has been accepted until now by the majority of surgeons.

I was the first who, in 1882, had the idea of returning to the extraction of cataract without incision and avoiding the incision of the sclerotic and placing it altogether on the cornea, seeing that suppuration supervened after extraction in spite of previous excision of the iris, as recommended by Mooren, or the extraction proper. The results of this operation have been more favourable than those of De Graefe, as it has been demonstrated by my memoir to the Société de Chirurgie in 1882, and also by my report to the Société Française d'Ophthalmologie and to the Congress of French Surgeons. In all these reports I have tried to demonstrate three important points, and upon which I insist to-day more than ever. 1. That if I abandon the German method and incline myself to the French method, it is because there are in my incision and *modus operandi* other conditions of execution altogether peculiar, that allow me to consider it as my own special procedure. 2. That the excision of the iris cannot and must not be abandoned entirely, but must be reserved for cases altogether exceptional, such as when the iris is adherent, posterior synechiæ, when the lens is dislocated or the nucleus floating, when the capsule is opaque, and when it is to be extracted at the same time as the lens. 3. That the results of the operation depend as much on the manner in which it is practised as on the post-operative dressings. In a work I am now preparing, and which follows my studies on cataract in general, I intend to develop successively all the questions that relate to my first two points. My third proposition, which relates to the post-operative dressing plays a very important *rôle*, as I have already stated, and has engaged my attention for a long time. I was constantly endeavouring to ascertain the cause that brought on suppuration of the wounds in certain individuals without any plausible reason. The general hygienic conditions, atmospheric influences, and morbid constitutions have been analysed and computed successively, but nothing could explain these accidents, which arose sometimes where one least expected them. Returning to the principles of Pasteur, that suppuration could not be produced except by the poisoning of the wound by microbes, I thought that the tears might, even in normal conditions of life, contain microbes, and that in certain pathological conditions they could multiply and be brought into contact with the corneal wound, infect it, and bring on suppuration in it. This question could only be elucidated by delicate microscopical observation of the tears. I entrusted one of my pupils, Dr. Salterain, of Monte Video,

[1] Memoir read at the Academy of Medicine, Oct. 6th, 1885.

to make a complete study of the microscopical composition of the tears. He has made it, with the kind help of Dr. Pocy, of Monte Video, and here follows the result of their first research:—

"*Microscopical researches on the microbes of the tears.*—The result of the first experiments, which require to be repeated and controlled, were made at the Clinique d'Accouchements, and is described in the following manner. The direct examination of the tears by the microscope not having given any positive results, we took a drop and deposited it in one of the globes of culture used for these experiments. Three days afterwards the broth became turbid, and on examining the liquid we found in almost every instance (three were doubtful) monococcus, diplococcus, and masses of zoogloea. In one of the globes we also discovered some long chainettes well developed. The number of experiments has been fourteen, and, with the exception of three cases, we found the same elements in all."

What conclusions can we draw from these researches? Is it not that the same element that has been observed in purulent ophthalmia and in the pus of the lacrymal sac of dacryo-cystitis exists, though in smaller quantity, in the normal tears? The recent labours of Schmitt-Rimpler and of Satler have demonstrated that the pus of the lacrymal sac contains varied forms of micro-organisms. The existence, then, of microbes in healthy tears, mixed with the pus of the lacrymal sac, is no longer doubtful. It is easily understood that if the microbes multiply while the lids are closed, and the secretion of the ocular mucous membrane and of the sac increases and is retained, the corneal wound, remaining open and lubricated by the tears, more or less altered, suffers an imbibition and impregnation of the latter, the microbes penetrate the wound and develop an irritation, an infection of its borders, and a suppuration, with all its consequences. To remedy this danger I have sprayed the eye during and after the operation with phenicated vapours, that could not diminish the predisposition to the multiplication of germs. I employed, following the example of other authors, the antiseptic treatment of boric acid, of phenic acid, and sublimate; but all these means can only be of use when brought in contact with the wound, as they lose their action the moment the eye is closed and the lids are compressed by the bandages. The suppurative accidents took place, however, though less often than with the old dressing.

After all these unsuccessful experiments, directed especially against the microbes that I wanted to destroy, I thought that there would be more advantage in trying to protect the wound against the penetration of microbes, and to favour cicatrisation by first intention. My object was to apply a glutinous substance directly over the corneal wound. The problem was difficult to solve, as it was necessary to find an adherent substance which would not by its contact irritate the cornea or the conjunctiva. After numerous experiments I was able to compose a species of gelatinous plaster that can be easily borne by the eye, becomes adherent to the wound, melts gradually in the tears, and disappears at the end of ten or twelve hours. This preparation is no other than very thin sheets of gelatine, very flexible, and prepared for me by Mr. Wusk, the pharmacist. To employ with advantage these sheets of gelatine, and to keep them in position a sufficient length of time, they must have a certain thickness; those I use ordinarily are half a millimetre thick, but I think they can be made thicker. To enable the eye to resist better the gelatine, I have both surfaces of the sheet covered with a concentrated substance of cocaine, and I add also a weak solution of sublimate in the proportion of 25 centigrammes per 1000. One face of the sheet is also covered with a layer of special glue, that fixes it lightly on the cornea, and prevents its displacement by the friction of the lids. By calculating the amount of sublimate and cocaine employed in the preparation of the gelatine sheets, I may say that a square centimetre contains on either side, more or less, 0·01 of chlorhydrate of cocaine and 0·0005 of sublimate. I use habitually small squares of one centimetre and a half, with rounded angles, and in which I make small cuts on one of the sides. The pieces of gelatine, thus prepared, I take with a pair of thin and flat forceps, and after dipping them in warm water I insert the non-cut border under the upper lid; I place then the cut border under the lower palpebral border, and close the eye by applying a compressive bandage. The results of this dressing have been until now extremely satisfactory. I have applied it in many of my cataract patients, and the closing of the wound by first intention with complete coaptation of the borders of the wound have been most rapid. I usually open the eye from forty-eight to seventy hours after the operation, and I have always found the wound united and the eye almost completely cured; in this way I have been able to remove the bandage on the fourth or fifth day. I have never found in the eye the smallest trace of the gelatine sheet, which proves that it dissolves completely in the tears. Some of my patients have complained of some heat and prickings for half an hour to an hour after the operation; others have complained of grittiness the first night, but never so strong as to require interference. I have already used this gelatinous dressing in nineteen cases of extraction of cataract, in one case of conic pellucid staphyloma, and in one iridectomy made in a case of perforating ulcer of the cornea, and in all these cases I have obtained union by first intention, without the slightest trace of irritation. One of my cataract patients had an old suppurative dacryo-cystitis with double cataract. Living in the country, he could not wait to have his lacrymal complaint cured, so I was forced to operate on him in spite of the suppuration of the lacrymal sac, and the gelatine dressing gave in this case as satisfactory results as in the others. The wound was united by first intention after the fourth day, and I then removed the bandage and was able to resume catheterism of the nasal duct on the following day. The following is the clinical history of this case by my *sous-chef de clinique*, M. Desjagnets:—

"*Right cataract; operation; suppurative lacrymal tumour of the same eye; cure, with complete re-establishment of sight.*—Mr. T——, seventy-two years old, farmer at Gouvieux (Oise), had a left double complete cataract. This eye was operated on at the Clinique on Sept. 28th, 1875. The operation was performed by the method adopted by M. Galezowski for the last three years—upper corneal flap without iridectomy. The dressing was made with a sheet of antiseptic gelatine placed on the wound. The patient previously had lacrymation of the same eye, for which the inferior lacrymal point was incised and catheterism practised for eight days. The lacrymation and subsequent conjunctivitis had been sufficiently alternated to enable the operation of extraction to be performed. The day after the operation the bandage was not removed, as the patient complained of no pain whatever. On the second day the eye was examined and found in excellent condition. Good coaptation of the wound resulted, the anterior chamber was re-established, the pupil being very free, but the whole anterior region of the sac was red, swollen, and inflamed. By pressing lightly on this region pus exuded from the lower incised point. A lacrymal tumour had formed in the sac, which had been sounded eight or ten times previously. In spite of the recent extraction, a sound was again passed, and a compressive dressing applied. After that date the dressing was every day saturated with pus. When removed, the eye was found bathed in the same pus; nevertheless, the eye remained without inflammatory reaction and in a perfect state. Every day the sounding was made, and after emptying the sac twice a day the eye was washed with a carbolic solution of 1 per cent. After eight days the suppuration disappeared almost completely, and the cicatrisation of the corneal wound was almost complete. On Oct. 9th the patient was discharged with a splendid eye, the normal acuity being V=1."

It would be superfluous for me to insist further on the advantages of the gelatinous antiseptic dressing; these have been daily evidenced. The satisfactory results obtained until now make me think that it will soon become generally adopted, not only in the treatment of corneal wounds after the extraction of cataract, but also in the dressing of ulcers of the cornea, and wounds and burns of the cornea and conjunctiva; and also that different remedies can be incorporated with the sheet and brought into contact with the cornea, and act successfully in cases of perforating ulcers and other forms of keratitis.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The following officers have been elected for the Session of 1885-86:—President: Dr. Robert E. Carrington. Vice-Presidents: Messrs. C. H. Hartt and F. B. Jessett. Council: Mr. Brindley-James, Mr. W. C. S. Burney, Mr. Hughes G. Cable, Dr. W. Collingridge, Dr. A. Forsyth, Mr. J. Marshall, and Mr. F. Moon, M.B. Treasurer: Dr. Prior Purvis. Secretary: Mr. H. W. Roberts. Librarian: Dr. J. B. Saundry.

THE ETIOLOGY OF FOOT-AND-MOUTH DISEASE.

By E. KLEIN, M.D., F.R.S.,
LECTURER ON GENERAL ANATOMY AND PHYSIOLOGY AT ST. BARTHOLOMEW'S HOSPITAL, LONDON.

For some time past I have been engaged in an inquiry into the etiology of foot-and-mouth disease carried out for the Medical Department of the Local Government Board, and I have ascertained that this disease is caused by a micrococcus, which I obtained by cultivating artificially the lymph taken from the vesicles of a sheep affected with this disease. This micrococcus is present in the lymph and in the tissue of the vesicles as dumb-bells and as chains. It grows well in alkaline peptone and broth, in solidified blood-serum, in solid agar-agar peptone broth mixture, in solid nutritive gelatine mixture (which is not liquefied by it), and in milk. Its mode of growth in solid media is so typical and characteristic that by the naked-eye inspection alone it can easily be detected. When any of the above solid media is inoculated with this micrococcus, after several days a thin limited film makes its appearance at and immediately around the point of inoculation; this film slowly spreads, but from the outset and afterwards presents a very characteristic appearance to the unaided eye, being in fact *a collection of closely-placed minute granules or droplets*. These gradually and slowly enlarge, and assume a whitish, translucent character. If the inoculation is made with the point of a needle or platinum wire, or of a capillary pipette, pushed into the solid medium, the channel of inoculation becomes, after several days to several weeks, marked as a linear aggregation of minute granules or droplets; in addition to this there is on the surface the above-mentioned film of granules starting from the point of inoculation. The growth of this micrococcus is extremely slow; in solid nutritive gelatine mixture, kept at temperatures from 18° to 22° C., the first traces of the growth in the shape of a small cluster of transparent granules visible under a lens are noticeable at the end of from five to eight days, or even later; in agar-agar mixture, kept at 35° to 38° C., it is of course sooner visible, but even after six or seven months, in all media and under all conditions, the growth remains of limited extent. Also in milk, kept at temperatures varying between 35° and 38° C., the progress of the growth is extremely slow; the milk retains perfectly its natural aspect and condition; no curdling occurs, although the reaction becomes distinctly acid.

In artificial media the micrococcus forms, besides dumb-bells (diplococcus), beautiful chains (streptococcus). These differ in length according to the number of micrococci composing them, the short chains being a linear series of four, six, or eight micrococci, the longer ones of more than eight up to thirty and more micrococci. The longer chains are always curved, and even convoluted. The above-mentioned characteristic granular appearance of the growth is owing to the presence of smaller or larger masses of chains matted together.

Subcutaneous inoculation with artificial cultivations produces no perceptible disorder, but by *feeding* sheep with them—with a twentieth generation—*the typical disease has been reproduced*—viz., vesicles and ulcerations on the feet. From the vesicle of such an animal lymph was obtained which, on cultivation, yielded the same micrococci, characterised by the same slow growth and the same typical general appearance as those used for the experiment. There can, then, be no question about the identity of this peculiar micrococcus with the cause of the disease.

Five sheep have been subcutaneously inoculated with active cultivations of the micrococcus, but neither locally nor generally was there any definite perceptible change produced. Subsequent feeding of these same sheep with the active micrococcus had no result. I conclude from this that a previous subcutaneous inoculation with the micrococcus provides the animals with immunity against the disease. I hope soon to be able to test this point on a larger series of animals.

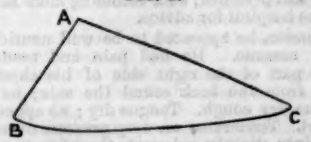
Subcutaneous inoculation of the same micrococcus into guinea-pigs produced no result; feeding was followed by death after from two to three weeks. Out of six animals which received with their food a small quantity of milk containing the micrococci, three died—one from ulceration and perforation of the upper end of the duodenum, and two from ulceration and perforation of the large curvature of the stomach.

OSTEOTOMY WITH CHAIN-SAW FOR TALIPES EQUINO-VARUS OR VALGUS.

By HORATIO P. SYMONDS,
SURGEON TO THE RADCLIFFE INFIRMARY, OXFORD.

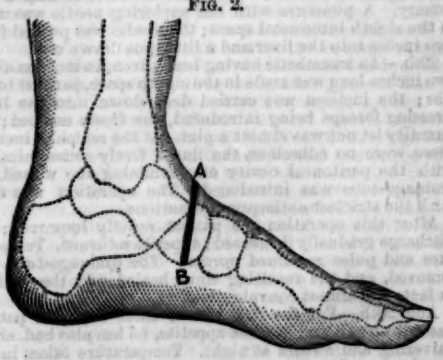
For some time, having noticed how exceedingly prolonged was the treatment of even a simple case of talipes—and I may add how bad sometimes was the result,—it occurred to me that if we were to divide the bones in the same manner in which we divide the tendons a far better result might be obtained; better because quicker, since many cases fail on account of the patient's lack of confidence through seeing improvement taking place so slowly. I may state that I have performed the wedge-shaped removal and pegging, as advised by Dove and Ogston, but did not find the result sufficiently satisfactory. The operation I perform in all severe cases of talipes is to pass a chain saw round the tarsus, in front of the astragalus. Taking the tarsus as a triangle, pass a metal-handled tenotomy knife through the sole of the foot in front of the os calcis, B C, commencing from the inner side (see Fig. 1).

FIG. 1.



Then let the chain follow the knife through the sole, and repeat the proceeding from the outside to the dorsum of the foot (A). Complete the skin incision (A B), and then cross the chain so that it can gradually work its way outwards. The inner wound is sewn up, no drainage being necessary. The foot is then fixed on to a Volkmann's splint for a fortnight, at the end of which time, after manipulating it into a good position, it is fixed in plaster-of-Paris for three months (see Fig. 2). I recently saw a case in which I had

FIG. 2.



performed this operation eight months previously, and the patient was then walking without apparatus of any kind, and the foot, which before the operation had been very markedly deformed, was restored to its normal position. I need hardly say that the operation must be done with strict Listerian antiseptics, particular attention being paid to the condition of the saw.

SIR JAMES SAWYER, M.D., was entertained on the 22rd ult. at a banquet, at Birmingham, by a number of his professional brethren who were desirous of showing their appreciation of the honour—that of knighthood—recently conferred upon him by the Queen.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

THREE HEPATIC ABSCESSES; OPERATIONS; RECOVERY.

(Under the care of Dr. CURNOW and Mr. JOHNSON SMITH.)

FOR the following notes we are indebted to Mr. E. H. Booth, M.B. Lond., house-physician to the hospital.

Frederick W——, aged seventeen, sailor, was admitted on July 14th, 1885. He came to the hospital complaining chiefly of pain over the lower part of the right side of his chest, and of cough. The following were the chief points in his history. He had been quite well up to fifteen months ago, when he had a severe attack of dysentery whilst in Java. He recovered at the end of three months. His present illness commenced nine months ago; he attributes it to his getting wet through and remaining for some time in his wet clothes. Soon after he suffered from pain of an aching character over the lower part of the right side of his chest, together with a dry cough, occasional shivering, and perspirations, the latter being worse at night. These symptoms had persisted, and, becoming more severe, he had come to the hospital for advice.

On admission, he appeared to be well nourished, though somewhat anæmic. He had pain and tenderness over the lower part of the right side of his chest, the pain extending from the back round the side; he also had a troublesome dry cough. Tongue dry; no appetite; bowels constipated. Tenderness on deep pressure over the hepatic region. Liver slightly enlarged, the edge just being perceptible to touch beneath the margin of the ribs. His chest was dull over the base of the right lung, and some dry crepitations and a few crackling friction-sounds were heard. There was a slight deficiency of vocal fremitus, breath- and voice-sounds over the same area. Temperature 103°; pulse 104.

July 27th.—Patient remained in much the same condition up to this date; his temperature rising at night to 101° or 102°, with slight shivering and sweats, falling in the morning to 98° or 99°. The chest mischief remained stationary. A puncture with the exploring needle was made in the eighth intercostal space; the needle was pushed fully two inches into the liver and a little pus drawn off.

29th.—An anæsthetic having been given, an incision about two inches long was made in the eighth space, parallel to the ribs; the incision was carried deep down into the liver. Dressing forceps being introduced, pus freely escaped; the quantity let out was almost a pint. At the region of incision there were no adhesions, the finger freely communicating with the peritoneal cavity on examining the wound. A drainage-tube was introduced. The operation was done with the strictest antiseptic precautions.

After this operation the patient rapidly improved; the discharge gradually decreased; appetite returned. Temperature and pulse remained normal. The drainage-tube was removed, and the resulting sinus healed up; the patient, in fact, was almost convalescent.

Aug. 20th.—For the past two or three days the patient has felt unwell and has lost appetite, he has also had slight shivering and sweats at night. Temperature taken in the evening was found to be 100°.

25th.—These symptoms continued; evening temperature rising to 102°, morning temperature 99°. It was suspected that pus had reaccumulated in the old abscess cavity. An anæsthetic was given and the old sinus laid open, the incision being carried deep down—i.e., into the site of the old abscess. Only a little blood-stained serum escaped. On introducing the finger, the old abscess cavity was found contracted to the size of a walnut. Pus being suspected in some other region of the liver, an exploratory puncture was made in the tenth space behind, about one inch external to the erector spinæ, and pus was drawn off. An incision about two inches long was made in this region. This incision had also to be carried deep down before reaching pus, when about half a pint was let out. One finger introduced into this abscess cavity, and another finger into the old abscess cavity, showed that the two abscesses were distinct, the two fingers not being able to get near one another. A drainage-tube was introduced. This operation was also performed antiseptically, and, as in the first, the finger in the wound was in free communication with the peritoneal cavity.

The patient again rapidly improved and was almost convalescent, when, on Sept. 10th, he began to feel ill, shivered, and had perspirations. The temperature, which had been normal morning and evening since the day of the last operation, again went up to 102° at night. Under an anæsthetic, the sinus leading into this last abscess was opened up, but only a small quantity of blood and pus escaped.

Sept. 19th.—The symptoms continued. Temperature in the evening 104°. Patient getting very thin and unable to retain food, and during the last three or four days has had severe diarrhœa. On careful examination a very slight bulge was detected high up in the axillary region—i.e., over the fourth and fifth intercostal spaces. Exploration was made and pus drawn off. An anæsthetic was given and a free incision was made into this third abscess; about one pint of pus escaped. On introducing the finger, the abscess was found to be situated in the upper region of the liver, the layer of liver substance between the abscess and the diaphragm feeling obviously thin and flaccid.

The after-treatment in this case did not differ in any way from that following the two previous operations. The drainage-tube was removed on Oct. 13th. The patient visibly improved from the day of the operation, recovering appetite, diarrhœa ceasing, and rapidly gaining flesh. He was discharged from the hospital on Nov. 20th, convalescent.

Notes by Dr. CURNOW.—This case well illustrates—(1) That in all cases of suspected abscess of the liver, explorations should be made in many directions; fluctuation, bulging of the ribs or local œdema should not be waited for, otherwise an abscess may exist and not be found. (2) The advantages of the treatment by free incision with the strictest antiseptic precautions, over aspiration or partial evacuation. 3. The non-necessity of waiting for adhesions before operating; in fact, the difficulty is rather to find the abscess, than to treat it under the Listerian method when its existence has been proved. The case is further remarkable for the successive formation of three distinct abscesses, and must suggest the possibility of their being due to absorption from the colon, for this patient had previously suffered from dysentery, and this has been our invariable experience at the Seamen's Hospital.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.

CHOREA AND EPILEPSY.

(Under the care of Dr. FRANCIS HAWKINS.)

CASE 1. *Choreic movements in a boy five years old; recovery; purpura four months afterwards.*—Giles J——, aged five years, a schoolboy born in London, was admitted on Aug. 14th, 1885, complaining of having spots over his legs, and "pains" in both knees. His father, a tailor by trade, has very good health, the mother also is strong and well; there are four other children, two boys and two girls, older than the patient, all of whom are quite well. There is no history of any nervous disease or of rheumatism in the family, nor in any of the patient's ancestors. The house is comfortable, and much better than the majority of houses inhabited by the poor. The food has been fairly good, with the exception that no vegetables except potatoes have been eaten for some time. The patient has never had measles or scarlet fever, and was quite well until Dec. 24th, 1884, when the mother noticed that both arms "twitched" a good deal. The twitching continuing and increasing, the patient was taken to Middlesex Hospital on Jan. 13th, 1885, when the following note, taken from the out-patient card, was made:—"Slight choreic movements of both arms (more especially the left), which have existed for three weeks." The choreic movements gradually became less, and the patient ceased attending at the Middlesex Hospital on March 9th, 1885. The present illness began on July 22nd, when the mother noticed a number of small spots on both legs. The spots have continued to the present time (August 14th), but vary in brightness. The patient is well developed and fairly muscular. The hair is fair; face, lips, and gums are pale;

teeth much decayed; temperature 99·3°; appetite good; thirst not excessive; bowels regular; fæces dark (the patient has been taking iron for the last ten days). Neither the lymphatic glands nor the spleen are enlarged. There is no cardiac murmur, nor are there any signs of lung disease. The skin is pale generally. Over both legs and thighs are a number of purpuric spots, varying much in size, distribution, and colour; the spots are larger in size and more numerous over the right leg, being small between the ankle and knee and large from the knee to the groin. With the exception of a few purpuric spots over the penis, none are higher than Poupart's ligament anteriorly, and, posteriorly, a line drawn horizontally across the posterior iliac spine. There was no blood or albumen in the urine.—August 16th: The feet and legs are swollen, and, with the exception of a few small patches of healthy skin, the whole leg below the knee is of a yellowish-green colour. Yesterday (15th) the child complained of a cough, and the mother applied a poultice to the right side of the chest, and now in the situation of the poultice are a number of purpuric spots. The pain in the knees is better. Temperature 99·8°. The child continued under observation until October 1st, during which time purpuric spots came and went in regular succession; but since September 1st gradually disappeared and were gone by October 1st.

CASE 2. *Chorea in three members of the same family; complete recovery in two members; chorea followed by epilepsy in the other.*—Florence S——, aged seventeen, of no occupation (owing to her having fits), born in London, was admitted under the care of Dr. Hawkins suffering from "fits," which have occurred at intervals for the last five years. The father and mother are quite healthy. There is no history of any nervous disease or of rheumatism in any member of former generations. There are two brothers and three sisters. One brother had measles when two years old, scarlet fever when eleven; he then became quite well, and when thirteen years old he had choreic movements in both arms and legs, which continued for three months, but have never recurred since. One sister had measles when five years old, scarlet fever when six; then became quite well, and when nine years old she had choreic movements similar to the boy above mentioned, which lasted for four months, but have never recurred. Her brothers and sisters are older than the patient. There is no history of any intermarriages in the family. The house is very good, as also the food, the people being in fairly good circumstances. The patient was quite well until she was seven years old, when she had chorea; the movements were "all over the body," and she could scarcely walk. This lasted for one year, when the patient became quite well. When nine years old she had scarlet fever; she recovered completely from this and remained quite well until she was twelve years old, when she had a "fit." In the morning her brother noticed that she was dull and stupid, and appeared strange in her ways. She then, without any warning or scream, suddenly fell down and foamed at the mouth. Arms and legs moved in a jerky manner, and during the fit the patient bit her tongue and micturated. During the fit the mother noticed that the face was drawn to the left side. This, however, was not noticed after the fit had ceased. The mother cannot say how long the fit lasted, for the patient went off to sleep, and remained so for some time. For two years the patient remained well; she then had some occasional twitchings, but these disappeared, and then in twelve months after she had another fit similar to the one described. The last fit was on July 9th, 1885.

CASE 3. *Epileptic fits followed by ecchymosis (purpura).*—Isabella A——, aged thirty, married for six years, and has four children. Was admitted complaining of fits, from which she had suffered for nineteen years. To the best of the patient's knowledge there have been no intermarriages in her family, neither is there rheumatism, nor has there been any nervous disease till the present generation—one brother had convulsions when a baby, now he is quite strong and healthy; one sister had a "paralytic stroke" some years ago, but the exact date and a more accurate description cannot be obtained. The patient has never had any other illness, and she attributes her fits to a fright on leaving home when eleven years old. A description of the fits at this time cannot be given with any accuracy; they occurred about two in a year. The patient began to menstruate at fourteen; this made no alteration in the fits. At twenty-four she was married, and after the birth of her first child the fits became more frequent, having had two in the first two months after the birth of her child, which she did not nurse. In thirteen months after the first child was born she had her second child; while carrying the child no fits occurred, but soon after the child was born she again began having fits. In one year and seven months after the birth of the second child she gave birth to another, and the fits were absent while carrying the child; soon after its birth the fits began to occur. In two years after the birth of the third child, another was born; this last is now four months old, and since its birth the patient has had three fits in six weeks. The following is a description of the fits from which the patient is now suffering. For about two weeks previous to the fit the patient noticed that her memory became bad, and a few days before the fit she had headache, and there was a feeling of swelling and bursting in both head and neck. Then, without any other warning, and usually at night, what the sister describes as a "strange" noise is made, and if standing or sitting the patient then falls, clenches her hands and her teeth, fixes her eyes, moves her arms in a jerky way, and bites her tongue; this last for two or three minutes, according to the idea of time of the sister who lives with her. After the fit, on first seeing any person, she always has the sensation of "dying," and for some days afterwards, when placing her hands in cold water, she feels as if touching ice. After the fit the patient has what she calls "blood spots" come out on the face, equally on both sides of the face, but only on the left side of the neck; these have shown themselves as long as the patient can remember, and they appear to be in proportion to the severity of the fit. On one occasion (a very bad fit) the patient, in falling, cut her nose, which bled very much; the spots were then very few in number, and the patient got over the feelings which she always has while in a fit quicker than usual. The spots usually disappear in a week or ten days. Eight years ago the patient micturated in a fit, but has not done so since.

Remarks by Dr. HAWKINS.—While there is nothing original to be mentioned in connexion with the above cases, they appear to be interesting not only in themselves but also taken as a series, for we have chorea followed by purpura, then chorea followed by epilepsy, and thirdly, epilepsy followed by ecchymosis. Taken separately, Case 1 is interesting from many points, but I will merely allude to the fact that there were choreic movements present for eighty-nine days, followed by complete recovery for 101 days, and then pains in the knee-joints and purpura manifested themselves, and continued for 105 days. While there is no history of rheumatism in the parents or other members of the family, we must, I think, regard the case as one of chorea and rheumatism, and it may be questioned whether it is always necessary to have the evidence of rheumatism to prove that the cause of chorea is similar to that which causes it when rheumatism is present. Indeed, lately I have been frequently asking myself whether rheumatism, heart disease, chorea, epilepsy, asthma, and phthisis are not merely different outward manifestations of a common basis, just as one soil, if left to itself, brings forth a variety of weeds differing from each other and yet peculiar to that kind of soil; but I must not enter into this at present. The fact of purpura occurring so soon after choreic movements suggests to one the question whether in this case a similar condition—in fact, a purpura of some parts of the nervous system—occurred and caused chorea? Case 2 is interesting in chorea having occurred in three members of the same family, recovering completely in two members, while in the third it was followed by epilepsy. And it appears to me worthy of notice that, in the two cases in which recovery took place, measles and scarlet fever occurred prior to the chorea, while in the third case there was scarlet fever afterwards, while she has never had measles. Case 3, while including no special point of particular interest taken by itself, yet taken with the foregoing cases it is interesting from the fact of an ecchymosis somewhat similar to the purpura occurring after the fits, and lasting ten days. Trousseau, Van Swieten, and others speak of the occurrence of ecchymosis after fits as being very common; while Trousseau found the ecchymosis, which lasted for so long a time as ten days, usually occurred in cases of paralysis after epilepsy; but in this case there was no paralysis, and the main interest is that we have chorea followed by purpura in 101 days, and we have an epileptic fit followed immediately by ecchymosis. Can we, then, trace any relation between the causation of these two diseases?

NORTH STAFFORDSHIRE INFIRMARY.

TUMOUR OF SPERMATIC CORD SIMULATING HERNIA, CAUSING SLOUGHING OF SCROTUM; OPERATION; CURE.

(Under the care of Mr. SPANTON.)

FOR the notes of the following case we are indebted to Mr. R. Cann, assistant house-surgeon.

Isaac G——, aged fifteen, residing at Hanley, apprentice potter, was admitted into the North Staffordshire Infirmary on July 14th, 1885. The patient, a strong healthy boy, had observed some months before admission a swelling in the right groin, sometimes reaching into the scrotum, at others passing up the inguinal canal out of sight. The tumour had all the usual characters of an omental hernia, was evidently solid, passed into the inguinal canal when gently pressed up, and descended on coughing or straining. It was apparently attached to the spermatic cord. For some time this remained in much the same condition, causing no trouble, until one day, a few weeks before admission, sickness came on, with great pain in the neighbourhood of the tumour, and constipation. Added to this the tumour could not be reduced as formerly. The scrotum became œdematous, the induration around the cord increased, and everything seemed to indicate an inflamed and strangulated omental hernia. He was advised to go to the infirmary for operation. On admission the right side of the scrotum was inflamed and œdematous; the testicle could not be felt. Under chloroform Mr. Spanton made an incision over the right spermatic cord, and the subcutaneous tissue was found sloughy for some distance. On dissecting this away, a hard firm mass occupying the position of the cord came into view, extending up to the external abdominal ring, about two inches in length, and about the size and shape of a large pigeon's egg. A ligature was applied as high up as possible on the cord, and the whole mass with the right testis dissected away. Sublimate gauze dressing and silver wire sutures were used, and the wound rapidly healed. The growth, when cut into, was of almost cartilaginous hardness, and consisted of dense connective tissue. So long as it was small enough to slide up and down the inguinal canal it caused no trouble; but as soon as the inflammatory swelling occurred in and around it, the vessels in the cord were so much compressed as no doubt to interfere with the vitality of the parts below, and hence led to the rapid sloughing which took place. The case is one more illustration of the wisdom of the old maxim, "When in doubt, operate."

Medical Societies.

MEDICAL SOCIETY OF LONDON.

Aneurysm of Innominate Artery.—Chronic Poisoning by Bisulphide of Carbon.

The last ordinary meeting of the year of this Society was held on the 21st ult., Dr. W. M. Ord, President, in the chair.

Dr. B. W. RICHARDSON read a paper on a case of Aneurysm of the Innominate Artery. The aneurysm was of the dissecting variety. The external indications of the aneurysm were remarkably variable. The patient was a woman aged sixty-two, in whose personal and family history there was but little that had any bearing on her final history. Twelve years ago she had suffered from an abscess of the antrum, for which surgical treatment was sought. In October, 1884, a large pulsating tumour the size of an orange was found in the right infra-clavicular region. The right radial pulse was feeble; there was a systolic bruit, but no thoracic symptoms. The patient was ordered absolute rest, and she was not heard of again till May of the present year, when the pulsating tumour had disappeared, and the patient declared that she was quite cured. There was, however, dulness, a systolic bruit, and a small pulse on the right side. In June three pulsating tumours had appeared: one was situate above the clavicle, and two below that bone; the inner one was over the sternum. The tumours pulsated synchronously, and with the right radial artery. By September the outermost tumour below the clavicle had subsided under the influence of complete rest. From this time onward the patient was carefully watched. On October 28th, blood escaped from two small openings in minute quantities. Cotton-wool soaked with perchloride of iron formed a protective covering. A few days later a large opening had formed which measured three-quarters of an inch long and half an inch across, and was blocked by clotted blood. The patient died, without a struggle, hæmorrhage, or pain, on November 30th. The parts concerned were preserved in vapour of ammonia in a box, to which Dr. Richardson drew special attention. The aneurysm springing from the arch of the aorta caused absorption of bone of the first and second ribs and inner end of the clavicle. The tumour had pressed on the œsophagus, and displaced it to the left. There were grooves in the last two cervical and first dorsal vertebræ due to absorption of bone. The chief sac was filled with laminated fibrin. There were two pouches; one that followed the course of the right common carotid, and the other from which the blood came. No exciting or predisposing cause could be made out. The patient had suffered in early life from a goitre, and there might be some kind of relation between that goitre and the occurrence of aneurysm. The absence of dyspnœa, dysphagia, and other symptoms of pressure on the various organs included within the thorax was commented on. The long continuance of life was remarkable, since the only separation between life and death lay in the thin covering that protected the opening into the aneurysm.—Dr. Low remarked on the interest of the clinical and anatomical features of the case. He considered that retrocession of an aneurysmal tumour was a sign that lamination of the blood-clot had occurred.—Dr. DE HAVILLAND HALL spoke of the beneficial effect of very large doses of iodide of potassium combined with rest and strict limitation in the quantity of fluids taken. In reply to the President, he said he could not explain the mode of action of iodide of potassium.—Dr. ANGEL MONEY admitted the immense value of iodide of potassium, and thought its mode of action was probably of a sedative and depressant nature.—Dr. W. B. HADDEN was very sceptical of the action of iodide of potassium in aneurysm.—Mr. W. ADAMS remarked on the atheromatous state of the ascending arch of the aorta.—Dr. KINGSTON FOWLER had no doubt of the value of iodide of potassium in the treatment of aneurysm.—Dr. ORD asked for information as to the reasons for regarding the aneurysm as dissecting in nature. Iodide of potassium was useful probably because syphilis was frequently operative in the production of aneurysm; moreover, it had a remarkable power of absorbing inflammatory deposits.—Dr. RICHARDSON, in reply, said he was not sure that the subclavian artery was completely blocked. He had given iodide of potassium on Balfour's plan, and not with any idea that syphilis had been in existence. He thought the mode of action of iodide of potassium was still doubtful. He considered that we could by means of the sphygmograph distinguish an aneurysmal tumour from one which pulsated merely by contact with an artery. The aneurysm was not really "dissecting" but "wandering" in kind.

Dr. W. B. HADDEN read a paper on a case of Chronic Poisoning by Bisulphide of Carbon. The patient was a man aged forty-five, who was employed at an indiarubber factory, where he had to inhale the vapour of bisulphide of carbon and chloride of sulphur. The main symptoms were loss of power over the extremities, with a tendency to stagger and incoördination generally. He had no defect of vision. His fellow-workman had also been under treatment at St. Thomas's Hospital with general muscular weakness and visual defect with colour-blindness. The case was reported in the Ophthalmological Transactions, vol. v., in which the report of the Special Committee would also be found.—Dr. RICHARDSON said that pure bisulphide of carbon was a powerful anæsthetic, and caused painless death. He had frequently used it to destroy dogs. Delpech, in 1866, was the first to describe the effects of chronic poisoning by this agent. This form of poisoning was more common in France, but even there it had diminished with improved hygiene of the workshops.

ACADEMY OF MEDICINE IN IRELAND.

Double Fœtal Monster.—Recent Progress in Obstetric and Gynæcological Medicine.—Axis Traction in Instrumental Delivery.—Fibro-myomatous Polypus.

AT the meeting of the Obstetrical Section on November 27th, 1885,

Dr. KIDD showed a Double Fœtal Monster, aged about five months, which had been forwarded to him by Dr.

Leeper of Armagh. The specimen had been retained in utero for some time after its death, and upon delivery was already somewhat lacerated and decomposed. There were four upper and four lower limbs, and a single head. Two completely formed bodies were united to one another along the line of the sternum and the anterior abdominal wall, and a single funis was attached to the lower part of the abdominal wall. It was therefore one of the most common forms of a double monster. For very many years the formation of such monsters had puzzled pathologists—some affirming that they originated in the partial cohesion of separate embryos, thus indicating duplicity tending towards unity; and others affirming, on the contrary, that they resulted from the double formation of individual parts in a single embryo, being thus the expression rather of unity tending towards duplicity. The researches of Dr. Allen Thomson had settled this question in favour of the latter hypothesis, which was now the theory almost universally believed to be the true one.

The President of the Section, Dr. T. MORE MADDEN, then delivered his opening address on "Recent Progress in Obstetric and Gynæcological Medicine." He said: "The consideration of those points in the history of the recent developments of obstetric and gynæcological science on which I shall venture to address you this evening will supply much reason for congratulation on the modern advancement and present position of these twin sciences, as well as solid ground for hope in their still greater progress in the near future. Thus, for instance, childbirth has been largely divested of its former sufferings and dangers. By the more general employment of anæsthetics the throes of labour have been rendered endurable. By the earlier and more judicious use of the forceps, and the other recently improved methods of affording assistance in all cases of difficult parturition, the duration and risks of that formerly too often protracted period of agony and danger have been diminished. By the aid of the means now available for the prevention and treatment of post-partum hæmorrhage, that cause of obstetric mortality has been almost completely removed. By those antiseptic prophylactic measures now taken for obviating puerperal fever, the occurrence of that whilom most frequent and most serious of the dangers consequent on childbirth has been strikingly lessened. If, however, as still may happen, notwithstanding these precautions, septicæmic puerperal disorder should supervene, we are now armed with effective and rational therapeutic resources for its treatment, and are no longer, as of old, in the position of helpless spectators of the irresistible course of disease to an inevitably fatal termination. Lastly, by the general substitution of version, the induction of premature delivery, and other methods of practice compatible with the safety of both mother and child, in cases where formerly embryoplastic operations were unhesitatingly, and too often recklessly, resorted to, the proportion of cases in which such procedures are now employed has become so minimised as to lead to a confident expectation that in the still more perfect midwifery practice of a not distant future the great objects of obstetric science—viz., the delivery of living children with safety to their mothers—will be yet more generally realised than even at the present time is the case. This expectation is fully justified by the steady annual diminution of late years in the mortality of childbirth and the puerperal state, as recorded in the successive reports of the Registrar-General. Thus, in the ten years from 1861 to 1870, the deaths from childbirth and puerperal fever in England and Wales averaged 60 in every 100,000 women living between the ages of twenty and fifty-five; whilst during the five years from 1876 to 1880 they fell to 53 in the same number. Not many years have elapsed since it was estimated by Dr. Matthews Duncan that the average mortality in connexion with childbirth in these countries was something like 1 in every 120 women confined. Now, if we turn to the most recent report of the Registrar-General—that issued this year,—we find that in 1883 the maternal death-rate in England and Wales from all causes in connexion with parturition was about 1 in 230 births. In the Dublin Lying-in Hospital the same happy result of modern science is equally well proved. Thus, in the seven years which ended in 1864 there were 8224 births in the Rotunda Hospital, with 252 maternal deaths, or 1 in 32; whilst in the same institution, according to the recent report of the Board of Superintendence, the total last year was 1148 and only 9 maternal deaths, or 1 in 122. And finally, from the report of the Irish Registrar-General we learn that the death-rate from puerperal fever in this country last year was only 300, being 70 below the average mortality from the same cause during the preceding ten years. In the discovery and practical application of the various improvements in obstetric art which have so happily conduced to its advance, and to the saving of life and diminution of suffering thereby, the Dublin School of Midwifery has taken a foremost part ever since the foundation, 140 years ago, by Bartholomew Mosse, in this city, of the first British lying-in hospital. And as the credit of some of these improvements has been claimed by recent authorities in Germany, France, and elsewhere, I may remind the Academy that it was here that the practice of delivery by version as a substitute for craniotomy in cases of pelvic contraction was first suggested by Dease, and revived by M'Clintock; it was here that by Beatty and Johnson the advantages of the timely, judicious, and more frequent use of the forceps were earliest recognised and demonstrated; it was here that the method of following down the uterus for the prevention of hæmorrhage and for the expulsion of the placenta, with which the name of a modern German authority is now incorrectly associated, was first introduced by M'Clintock, and has been carried into effect by every obstetrician educated in the Dublin School for a century before the birth of Steele. It was in this city that the so-called modern methods of obviating perineal laceration and of their immediate reparative treatment were first suggested and have been since constantly acted on. Turning now to the second of the two branches of medicine with which this section of our Academy is especially concerned, it will be apparent that, remarkable as has been the recent progress of the obstetric art, still more wondrous has been the contemporaneous development of gynæcology. To illustrate the recent change which has taken place in this department of medical practice I shall briefly contrast the imperfect diagnosis and unsatisfactory treatment of various utero-ovarian diseases some twenty years since with the results now attained by the modern science by which the defective gynæcological knowledge that then prevailed has been so happily replaced. At that time the cavity of the living uterus was a sealed book—a *terra incognita* to uterine specialists then unprovided with any efficient means for exploring its condition, or with any trustworthy method of dealing with those intra-uterine disorders which, thanks to the procedures suggested by Hagar, Kidd, Atthill, and Ringland, may now be easily recognised and effectually treated. In the pre-antiseptic surgical period to which I refer it would obviously have been impossible to foresee the successful results which in so many instances are now attained in the removal by abdominal section of ovarian and uterine tumours and other intra-peritoneal and pelvic morbid conditions. Nor was it merely subperitoneal tumours that were then generally looked on as being outside the range of operative assistance; those interstitial and intra-uterine submucous fibro-myomata which are successfully treated by every modern gynæcologist were, only twenty years since, too commonly regarded as beyond the possibility of removal. In those days, too, the reparative treatment of vesico-vaginal fistula was more frequently a failure than a success; and, notwithstanding that Simpson had previously done much to prove their curability, it was not until the subsequent adoption of the variously modified plastic operations introduced by Marion Sims, Bozeman, Goodell, and, above all, Emmet, that women suffering from extensive disruptions of the vesico-vaginal walls ceased to be abandoned to lives of hapless misery. Fifteen years ago, when attention was recalled to this subject, the pathological importance and frequency of uterine displacements were unrecognised, and their treatment remained unsatisfactory. In the same way the physiology and pathology of menstruation have only of late become understood as the result of the labours of Williams and Wiltshire; the management of its abnormalities was previously largely empirical. The bearing of cervical laceration on pelvic disorders was ignored until the subject was elucidated by Emmet. Lastly, many of the morbid conditions of the uterine appendages, such as salpingitis, pyo-salpinx, and hydro-salpinx, to which so much importance is now attached, were wholly unknown in the student days of the majority of those I have now the honour of addressing."

Dr. NEVILLE detailed the various instruments by which it had been attempted to give effect to the principle of Axis

Traction in Instrumental Delivery. To Tarnier should be given the credit not only of having exposed with freshness and clearness the defects of the ordinary forceps, but also of having been the first to construct one which answered to the true demands of theory. The main defects of Tarnier's most recent model consisted in its complexity, amounting to clumsiness, and its cost, which is prohibitive to a general practitioner. Some of the chief modifications of Tarnier's forceps were exhibited and explained, Professor Simpson's being that best known in this country. The alleged advantages and defects of these instruments were critically considered, the true requirements being stated to be that the forceps should be constructed so as to allow of the whole force employed being exerted in the axis of delivery, and so as to leave the spontaneous movements of the head uninterfered with. So far as the author knew, all those who had hitherto devised a true axis-traction forceps had adopted Tarnier's plan of using steel traction rods, permanently attached by pivot joints just below the fenestræ of the blades. Yet such rods were certainly open to many objections which would make it very desirable, if the same results could be otherwise attained, to do without them. They add to the cost and complexity of the instrument, make it more difficult to introduce, prevent the shanks being passed well back towards the perineum without danger of injuring it during delivery, and introduce the chief difficulty in all these forceps—that of securing them in some neat and effective manner to the rest of the traction apparatus. The forceps which he exhibited was without such traction rods, but he had the very high scientific sanction of Mr. G. F. Fitzgerald, F.T.C.D., for stating that mechanically it gave the same results in another way. The forceps to which the traction apparatus is applied may be Barnes', Simpson's, or other double-curved forceps, according to individual preference; but the author on many accounts preferred the first-named. Immediately beneath the lock a curved steel bar is fastened rigidly to the handles, and projects backwards sufficiently far to reach the imaginary continuation of the axis of the blades. At this point a pivot joint, admitting of free motion in the horizontal plane of the forceps, connects the traction bar with another short one which terminates in a joint so arranged as to permit motion in a plane perpendicular to that allowed by the first joint. From this point the traction apparatus is continued onwards into a transverse traction handle, with which it is connected, exactly as in Simpson's axis-traction forceps, by a rotatory joint. The advantages claimed by the author for this instrument were that it is much simpler, cheaper, more portable, and easier of application than any of the modifications of Tarnier's forceps, while possessing all their merits; that it gets rid of the disadvantages of traction rods within the vagina; that the traction apparatus consists of one piece, which can be immediately applied after the blades have been locked; and that the same instrument may, by means of this apparatus, serve either as an axis traction or an ordinary double-curved forceps.—Dr. MACAN thought Dr. Neville gave too much credit to Dr. Tarnier and too little to Hubert, Hermann, and others, who had been working at the same problem of axis traction before him. He did not attribute the same importance as Dr. Neville did to the special construction of Tarnier's forceps allowing of rotation, because he believed that rotation could, and often did, occur within the blades of the forceps without their partaking in it. He had himself used Dr. Neville's forceps in several cases in the Rotunda Hospital, and found it answer extremely well. The elimination of traction rods he considered an immense improvement, and the ease with which the traction apparatus could be applied, as well as its portability, were distinct improvements. It would be an advantage if it had some kind of indicator which would show the exact direction in which to apply traction.—Dr. ATTHILL said that the instrument devised by Dr. Neville appeared to him to be the best and simplest axis traction forceps he had yet seen. He was not, however, an advocate of axis-traction forceps. He objected to the compression screw, which seemed a necessary part of them all. It might cause such a pressure on the child's head that death would follow. He had used Tarnier's first model when he was Master of the Rotunda, but founded it so complicated and difficult to apply when the head was above the brim that he had abandoned it.—The PRESIDENT doubted whether axis traction would long continue to be practised. Tarnier's instrument he considered entirely too complicated.

Dr. KIRKPATRICK exhibited a Fibro-myomatous Polypus removed from a multiparous woman in Sir P. Dun's Hospital. The patient had been suffering from symptoms of a uterine tumour for over two years, and of late had frequently had alarming hæmorrhages. The tumour had several times protruded from the vagina, and had been replaced by the patient herself. When about to remove the polypus he had found it separated by a very distinct pedicle from a completely inverted uterus. He removed it with an écraseur, and some vessels were tied in the stump, which was afterwards seared with an actual cautery. He had not since had an opportunity of examining the parts. The tumour, examined microscopically by Dr. H. Bewley, proved to be most unusually vascular.

Dr. MACAN showed a somewhat similar Polypus removed from a patient under his care in the Rotunda Hospital. He also exhibited an eight months' fœtus with general anasarca and curious folds on the skin.

Reviews and Notices of Books.

The Principles and Practice of Medicine. By the late CHARLES HILTON FAGGE, M.D., F.R.C.P. Two vols. London: J. and A. Churchill. 1886.

[FIRST NOTICE.]

FEW works have issued from the medical press of late years which will receive a more hearty welcome than the one before us; and deeply as we deplore the fact that he who wrote it is no longer with us to accept the reward of his labour, it must be a source of gratification and solace to his wide circle of friends to feel that they possess in these writings the sum of his learning and experience. It is true that, knowing how ardently he devoted himself to medical science, much has been expected from him in this long-looked-for work; but we venture to think that it will fully come up to these expectations. We do not mean to say that it is free from defects, or that its author would himself have felt satisfied with it, for we are told in the preface how great was the care he expended in writing and rewriting it, so as to render it as complete as possible. A perusal of its pages shows that it is one of the most scientific and philosophical works of its kind, being in truth a mine of clinical and pathological facts, which are dealt with in so masterly a manner that we know not which to admire most—the patient labour and thought expended in bringing them to light, the learning and acumen that illustrate them, or the calm and judicial spirit in which they are estimated and criticised.

It would be an impossible task within the limits of a review such as this to convey an adequate idea of the contents of these volumes; and we must fain be content with such an outline as will, we hope, excite the desire of our readers to study the work for themselves. The introductory chapter contains, in the remarks upon the essential features of diseases, the principles upon which a nosology should be based, and the true light in which so-called "predisposition" should be regarded as an etiological factor, that stamp of independence and freedom of thought which characterises the whole book. It is this which will make it so highly valued, for it not only gives to it an abiding interest, but serves to stimulate thought in the reader by presenting him with facts in a new light. Again, in the same chapter there is an extended discussion upon the modes of dying which deals with the matter in a far more rational way than is met with in text-books. Bichat's triune division has done service so long that it is refreshing to find it clearly demonstrated that it is incorrect, and that, strictly speaking, there are only two distinct modes of dying—viz., by the lungs and by the heart. Under the former head Dr. Fagge distinguishes between arrest of respiration by sudden paralysis of the respiratory centre in

the medulla, and the more gradual process of asphyxia, a distinction which is strictly true, but seldom fully recognised; whilst death by failure of the heart's action may be sudden, from cardiac paralysis or spasm, or "shock" producing fatal inhibition, or more gradual, as in syncope, or from hæmorrhage or collapse. At the same time there remains that exceptional form of death which may almost be termed "natural," where "all the vital functions are brought to so low an ebb before any one of them is absolutely arrested, that to determine the order in which their ultimate extinction takes place is superfluous, even if it be not impossible." The subject of Contagion is next discussed, the definition of *specific* diseases being "those diseases which have a definite cause arising from without, but acting within the body, distinct from the causes of all other diseases," and the classification of such diseases into—(1) miasmatic, (2) contagious, and (3) miasmatic-contagious, is adopted. The germ theory and the part played by microzymes in infection are adequately discussed, the evidence in favour of a *de novo* origin of infective disease being held to be insufficient. The remarkable fact of acquired immunity is assumed to be due to the blood or tissues undergoing such a change in the course of the disease as to no longer afford the conditions requisite for the development of the special microzyme; and it is pointed out that otherwise an individual might constantly reinfect himself. As regards protective measures, Dr. Fagge points out the inutility of measures of quarantine, doubting even if it be right to speak of the diseases as "preventable"; but he looks forward to a future in "vaccination," going so far as to say, "One could not render a greater service to humanity than by discovering how to transmit the contagion of scarlet fever through any of the lower animals in such a way that when reintroduced into the human subject it should carry protection without risk. I am not sure whether it might not be well to expose children on purpose to infection from this disease, when it happens to be epidemic in a mild form." Although the tendency of modern investigation does, indeed, point in this direction, we confess to be unwilling to contemplate the extension of protective inoculations with equanimity; and rather hope, before the time arrives when the "attenuated virus" of each of the contagious diseases shall have been isolated, that some other, but equally efficacious, method of its introduction into the system shall be discovered. The modes of entrance of contagion into the body are next discussed, Naegeli's views being for the most part accepted, and the chapter concludes with some practical directions upon disinfection.

The interesting problem of Fever forms the next chapter, opening with some observations upon clinical thermometry. Liebermeister's doctrine of pyrexia is accepted to the effect that pyrexia follows the same laws as the physiological regulation of the heat of the body, only that there is an alteration of the point at which this regulation is set. The subjects of Inflammation, Tubercle, and Tumours are, as can well be imagined, treated by the author in a manner which will be sure to attract attention, for, as a pathologist, Dr. Fagge had earned a high reputation. He adopts Cohnheim's doctrines upon inflammation, but with an important addition, in the view that the damaged cells of the injured part are removed by the exuded leucocytes. This view, he points out, was substantially held by Goodsir, and it makes of the inflammatory process something more than a merely physical effect of damage to vessel walls. In speaking of the various inflammatory exudations, Dr. Fagge shows how different the catarrhal is from the fibrinous, owing to the great production of epithelial cells, probably from the increase of pabulum; and he suggests that the absence of fibrinogen in pus may be due to the leucocytes using up that material for nutriment. That croupous and diphtheritic exudations depend upon local death of the epithelium and tissue upon which they occur, as believed by Cohnheim, is apparently accepted by Dr. Fagge, who, however, points out that no one has yet suggested that the endothelium of a serous cavity must die before plastic lymph can form upon it, which logically should follow Cohnheim's explanation of fibrinous deposits—viz., that exudations do not coagulate within living tissues. Upon the subject of Tubercle, Dr. Fagge says that he has always been in accord with Laennec's teaching, which says much for his clearness of vision; for since Laennec's time we have witnessed a widespread tendency against these views, culminating in a no less remarkable reaction towards them. Dr. Fagge, perhaps rightly, assigns much of the waywardness of doctrine to the histologists, and asserts, *inter alia*, that a fictitious importance has been given to the giant-cell. His own view is explicit enough, for he believes that "tubercle" is a modification of the inflammatory process due to a special irritant, and therefore he sees no difficulty in accepting epithelial proliferations as well as granulation tumours as tubercular according to the nature of the tissue exposed to the irritant. It is needless therefore to remark that he is a strong upholder of the doctrine of the unity of phthisis, and even would admit as tubercular such destructive lung disease as occurs in those exposed to the inhalation of dust. He finds also in the discovery of the tubercle bacillus a confirmation of those views, for it supplies the missing link in the chain of evidence that there is a specific irritant at the root of all tubercular processes. It is interesting to read his criticism upon the earlier work on "artificial tubercle," where he foretells with accuracy the fallacies, since admitted, that underlie such inoculation experiments with non-tubercular substances. He doubts the possibility of distinguishing bovine tuberculosis from the human disease; and the fact that the bacillus is found in both goes far to substantiate this. Nevertheless, he hesitates to accept the doctrine of contagion of tubercle from without, seeing how scanty is the clinical evidence in support of it. We must confess that the alternative with which he presents us is not very satisfactory, especially in view of the doubts thrown upon Buchner's once famous discovery of the conversion of a pathogenic into a non-pathogenic bacillus. Dr. Fagge, after speaking of the difficulties associated with accepting either the view that the tubercle bacillus is constantly finding access to the body, and only implanting itself when the tissues have their local resistance lessened by inflammation, or the other view that the bacillus may remain long latent in the body until some accidental circumstance calls it forth into activity, goes on to say: "It seems to me there is a third possibility—viz., that under certain unknown conditions the occurrence of what is at first a simple inflammatory process may cause microzymes, already existing in the body, to acquire specific properties that they did not previously possess, and to convert the simple inflammation into a tuberculous one. For this hypothesis there are abundant analogies among the acute infective inflammations." The chapter on Tumours calls for little remark; it is a thoroughly scientific review of the subject, and among its more interesting and original contributions are the details of cases of multiple sarcoma, and the bold attempt to transfer the term epithelioma to its more appropriate place as significant of all epithelial new formations, and to consider carcinoma to include the following varieties: (*a*) simple; (*b*) keratoid—i.e., "squamous epithelioma" of writers; (*c*) columnar. Cohnheim's doctrine of embryonic relics being the starting-point of new growths, is held to be inapplicable universally, although it is manifest that Dr. Fagge believed that the generalisation contains probably a good deal of truth.

Passing from these preliminary chapters, the descriptions of diseases open with one upon Syphilis. It contains an

impartial discussion upon the question of the nature of the soft chancre, and the opinion is expressed that one commonly sees mixed forms of the combined local and infective sore, the suggestion being further made that the ulcerative process in the former may in some cases destroy the syphilitic virus which has been inoculated at the same time. The description of the syphilides is excellent; and throughout the article it is obvious how careful has been the study of the writings of Hutchinson and other syphilographers. It is interesting to note that Dr. Fagge expresses some doubt as to the fibrous testis being an unequivocal sign of previous syphilis, for it often happens that this is the only lesion present in the body. In the section on congenital syphilis we note that cranio-tabes is regarded as being due to concomitant rickets. Each of the specific diseases is then discussed in turn, especial prominence being given to their etiology and pathology. The *de novo* origin of enteric fever is rejected, and it is pointed out with full illustration that the virus of this disease can be communicated in four different ways—viz., by aerial infection, by drinking-water, by milk, and by meat. Irvine's views upon the relapse of enteric fever are stated. But in this—as, indeed, in each of the articles devoted to the infective diseases—the section on treatment is somewhat inadequate. Antipyretic methods are referred to, but hardly discussed; whilst as regards such affections as scarlet fever and small-pox, the details of treatment are decidedly deficient. The article on Rötheln is devoted to a criticism upon prevailing views, in which discrepancies are prominently brought into view, and the conclusion arrived at is that the evidence is not sufficient to warrant its being regarded as an independent affection. In Dr. Fagge's opinion, rötheln is only an ill developed or anomalous form of measles, and he does not consider this view invalidated by the occasional supervention of a second attack of measles in the individual. Ague, erysipelas, and diphtheria are dealt with in an admirable manner; and as regards diphtheria, Dr. Fagge asserts that a primary laryngeal affection is rare, for, in his opinion, this disease is not identical with sporadic membranous croup. The etiology of cholera is illustrated by the evidence afforded in the epidemics in this country. It is held that Pettenkofer's "ground-water" theory, ingenious as it is, requires more proof before it can be accepted; whilst, at the same time, it does not (when modified by Naegeli's hypothesis) negative the occurrence of direct contagion, which Dr. Fagge thinks sometimes indubitably occurs. The two years that have elapsed since the author's death have, as we all know, revived the cholera question with renewed intensity; but although, in consequence, this book contains no discussion upon the comma bacillus, its perusal shows how very little we have really advanced beyond the position arrived at when Dr. Fagge wrote.

Eminent Doctors; their Lives and their Work. By G. T. BETTANY, M.A., B.Sc. Lond., F.L.S. In Two Volumes. London: John Hogg.

BIOGRAPHY is a branch of literature or of knowledge which every wise man will cultivate alike for the pleasure and for the instruction which it yields. The true remedy for much of the poor trashy reading which we see, and the poorer lives which so many of us lead, is in good sound conscientious biography. At a season like this especially it is valuable, and we do not know that any wise father designing a good Christmas present to his son could do better than give him the book which we are now noticing. If both the father and son be of the great medical calling, so much the more appropriate will be the present; but we should by no means restrict our suggestion within such limits. Medical science is becoming every day a thing with which every intelligent man should become more familiar, both because it is a part of the great field of true science, and because of its enormous human interest. Besides, in any selected group of members of our profession, such as are included in these volumes—numbering about fifty-six—it is impossible not to be struck with the force and variety of character in one direction or another of a profession which includes Sydenham and Jenner, Liston and Corrigan, Cullen and the Hunters, Stokes and Alison, Parkes and Simon, Paget and Lister. It is one good feature of these volumes that they are not written by a medical man, but by one who views medical work from a scientific standpoint. Such a writer may occasionally be at fault, and may fail to observe points which a medical critic would regard as important, but there is an advantage in seeing ourselves as "others" see us, and that advantage we have in these volumes, which we have perused with much interest.

We do not always approve of the selection of the lives. There are some great omissions—as, for example, the life of Professor Alison, who, though incidentally noticed as the influential teacher of Williams, Stokes, Watson, and others, and characterised by so high a judge as Stokes as "the best man I ever knew," is not honoured with a special chapter. Amongst other conspicuous omissions which occur to us is that of Dr. Fothergill, who was an admirable representative of the profession in the last century, both in medical and public respects. It would be possible, too, to criticise the author in regard to his selection of living members of the profession. The book would have been very much less valuable and interesting than it is if he had excluded living medical men, who, it is gratifying to think, have carried the torch of truth far beyond the point at which they received it. But it would be difficult to justify all the author's living selections, and one or two of the gentlemen honoured with a biography would certainly have suffered nothing by waiting a little longer to see their literary portrait. But the book is worthy of much praise and careful reading. Men of all schools will find their heroes recognised. Certainly the Edinburgh school has no right to complain, for the chapters on the Munros, Cullen, the Gregorys, and John Bell are among the best in the book; and the enormous influence of the Hunters on the London school, and of the Edinburgh University on the last generation of London teachers—Cooper, Abernethy, Williams, Bright, Addison, Marshall Hall, &c.—is well brought out. Though we have questioned the ripeness of two or three lives selected for notice, we repeat that there are chapters on living leaders—notably those on Paget, Wells, Lister, and Jenner—that are very well worthy of the study of all the members of the profession, and of the public too. The chapters are not only entertaining reading, but suggestive. The enormous industry of our leading men is well shown. The heroes of medicine are not all saints, though in most of them there is that deep reverence which is far removed from the atheism with which we are too often credited by superficial people; but they have their faults and their quarrels and jealousies, which are not spared in these volumes. Those of the Edinburgh school especially are faithfully reproduced, and show how a sort of Billingsgate corner often exists in the greatest minds. There was one even in Milton. It is gratifying to believe that this corner of great minds becomes more and more attenuated both in Edinburgh and London, and doubtless elsewhere, under the influence of larger truth and widening temper. We must not trust ourselves to go into minute notices of individual lives. We are grateful to Mr. Bettany for reproducing from our own columns almost forgotten passages of forecast, which it is pleasant to us to see again. His book shows well the great problems of science and humanity with which our profession has to deal, and is dealing, with ever-increasing effect.

Medical Book-keeping.—MR. C. M. KEMPE, Chantry House, New Shoreham, sends us specimen pages for the General Practitioners' Visiting List, Journal, Almanack, and Memorandum Book, which is said to facilitate posting. The signs look a little complicated, but the plan seems calculated to save time and trouble. The author alleges that the posting into a ledger of a large practice can be done "in four or five hours a month." The forms are published by Silverlock, 92, Blackfriars-road, S.E.

Diaries, &c.—MESSRS. LETTS and Co.'s series of Memorandum Books, Diaries, Account Books, &c. for 1886 exhibit their usual excellence. They are of all sizes, and are made to suit the convenience of professional and commercial men in the various details of their work. It is difficult to conceive how the onerous duties of medical practitioners could in these days be carried out without the aid afforded by such books as those under notice.

New Inventions.

SWAIN'S EMERGENCY TRACHEOTOMY CASE.

THERE are few operations in surgery which the practitioner is more frequently called upon to perform in a hurry than tracheotomy. The hospital surgeon, the busy general practitioner in town, or the country doctor remote from all help, may suddenly be required to open a windpipe when the loss of moments may involve the sacrifice of life. As a rule, the best provided surgeon, when so called, rushes to his instrument cabinet. He picks out a tube here, a box of scalpels there, retractors in another place, and in the end gets to his case with perhaps something of importance left behind. Mr. Paul Swain has therefore conferred a benefit on the profession at large in having caused Messrs. Meyer and Meltzer to construct a tracheotomy case which appears to contain every possible requirement for the operation The following are the contents of the case, and are mentioned as nearly as possible in the order in which the various instruments are used in the course of the operation; 1. Two scalpels. 2. Two double-pronged blunt retractors. 3. Pair of blunt-pointed scissors. 4. Two pairs of ordinary dressing forceps. 5. Sharp hook. 6. A scissor-shaped

dilator. 7. Three tracheotomy tubes, of Parker's pattern. 8. Pair of artery forceps. 9. Dilator to be retained in trachea in cases in which a foreign body remains impacted. All these instruments are fitted into a tray, whilst underneath is Parker's suction instrument for removing blood or false membrane. There is also a place for ligatures, tape, needles, &c. The whole is contained in a strong, neat, unpolished mahogany box.

A NEW BED-LIFT.

DR. BATSFORD, of St. John's, New Brunswick, forwards us an ingenious contrivance adapted for the lifting of patients, in order to examine the head and other purposes. It consists of a framework the size of the bed or mattress, the sides of which are made of wooden bars, and the end pieces of plate iron an inch and a half wide and three-sixteenths of an inch inthickness, pivoting in the centre. These are so contrived that when the lift is placed on the bed the framework falls on each side, the canvas is slackened, and the patient rests on the mattress or bed provided for him; but when the framework is lifted a catch prevents the pivot acting beyond a straight line. Transversely across this framework canvas is securely stretched, excepting for about the middle fourth; here one or more wide strips are fastened by hooks, and are readily removable. Strong cords are fastened to the framework of the lift by means of hooks and rings, four in number, and are attached to a ring through which the hook at the end of a lever six or seven feet long is passed. This lever has a second hook, which is attached to the end of a chain suspended from the ceiling, and at its extreme end is a chain which can be fixed to a staple or some secure hold whilst the patient is being attended to after having been lifted from the bed. This lift, which can be easily and cheaply made, has been tried by Dr. Batsford at the Marine Hospital of St. John's, and would be very useful in cases where the medical man was short-handed and the patient required much nursing.

PECK'S AMBULANCE.

THIS, which would probably be more correctly termed a stretcher, appears to be well adapted for the purpose of removing cases of severe injury, especially accidents which occur in mines or pits. It possesses the advantages of portability, lightness, and strength, combined with moderate price. It may be used as a hand stretcher, or borne upon the shoulders of two men, and may also be slung in a carriage or cart by means of straps and spiral springs in such a manner as to obviate jolting. We consider it to be a good workable means of transport for the sick or injured.

THE CONTAGIOUS DISEASES ACTS.

THE Select Committee of the House of Commons reported favourably, as we have seen, of the Contagious Diseases Acts. They expressed an opinion that by their means venereal diseases had been diminished, and that the efficiency of the army had been increased. They declined to recommend their repeal, and they recommended the maintenance of the periodical examinations of prostitutes. In spite of this, however, these latter were discontinued shortly after the passing of Mr. Stansfeld's resolution on April 21st, 1883. It will therefore be both interesting and important to ascertain, so far as we can, whether any, and if so what, increase of disease has occurred among the soldiers in the various localities formerly protected by these Acts in which these periodical examinations were regularly enforced, which are still for convenience termed the protected stations; for although the Acts are in abeyance in these localities, they are not repealed; this cannot be effected without another vote of the House of Commons. Three Parliamentary papers, dated respectively March 7th, 1884, May 22nd, 1885, and August 6th, 1885, enable us to give some of the effects of the abolition of these periodical examinations. It will be remembered that the Acts were fairly in operation at all the fourteen stations from the commencement of 1870, but the promulgation of the order stopping the pay of men in hospital for primary venereal affections in 1873 led to considerable concealment of disease, and rendered the returns untrustworthy for the time. This order was cancelled late in 1879, and its repressive influence on the admissions removed. Early in 1883 (as we have seen) compulsory examinations of women were suspended, and their admission to hospital became voluntary on their part. There were thus two periods of three years each—1870–72 and 1880–82—in which the Acts were fairly in operation without either influence interfering with the results. The millesimal ratio of admissions for primary venereal sores, secondary syphilis, and gonorrhœa, at the fourteen stations under the Acts, at the fourteen never

under them, and at all the stations never under the Acts, for these two periods, with their percentage of increase or decrease, are given in the following tables:—

Stations.	Period.	Primary venereal sores.	Secondary syphilis.	Gonorrhœa.
Fourteen protected stations ...	1870-72 ...	53·1 ...	20·3 ...	106·7
Do. do. do. ...	1880-82 ...	75·6 ...	26·6 ...	98·9
Increase or decrease %	— ...	+42 ...	+31 ...	−7
Fourteen unprotected stations	1870-72 ...	109·8 ...	31·7 ...	103·4
Do. do. do.	1880-82 ...	175·9 ...	38·7 ...	128·2
Increase or decrease %	— ...	+60 ...	+22 ...	+24
All unprotected stations	1870-72 ...	87·8 ...	27·7 ...	98·3
Do. do. do.	1880-82 ...	123·0 ...	32·5 ...	110·5
Increase or decrease %	— ...	+40 ...	+17 ...	+12

These facts show that primary sores and secondary syphilis were much more frequent in all the groups in 1880-82 than in 1870-72; the increase at the protected stations was 42 per cent. for the primary sores, and 31 per cent. for the secondary form of the disease, as against 60 per cent. and 22 per cent. for the fourteen unprotected stations; or, if all the unprotected stations be included, the increase for primary sores was 40 per cent., and for secondary disease 17; but it must be observed that at both the lower ratios of 1870-72 were much in excess of the higher at the fourteen protected stations in 1880-82. As regards gonorrhœa, there was a decrease of 7 per cent. in 1880-82 at the fourteen protected stations, while in the other groups there was an increase of 20 and 12 per cent. in the same period. It is obvious from these details that the operation of the Acts limited the prevalence of venereal affections in a very marked manner, as compared with their frequency in other parts of the country where they were not enforced.

In THE LANCET for October 31st it was shown how the admissions of women into the certified hospitals began to fall off immediately after the compulsory examinations ceased in consequence of the vote in the House of Commons. The number now admitted is less than half that of former years, but this does not convey an adequate idea of the evil done. The women are admitted now on their own voluntary application, and the consequence is, as it has always been, that they do not apply in the early stage of disease, but later on, when from physical suffering they can no longer continue their calling. This circumstance explains the enormous amount of disease which is spread by these women when their diseases give them little or no suffering, while it also shows how much of this can be prevented by compulsory examinations.

We have seen how the Acts prevented disease among the troops stationed in those districts where they were enforced prior to 1883. Let us now see what effect the suspension of compulsory examinations had upon the men in the years 1883 and 1884. The admissions for primary venereal sores, secondary syphilis, and gonorrhœa among the troops in these years in the respective groups of stations already mentioned were per 1000 of strength as follows:—

Stations.	Period.	Primary venereal sores.	Secondary syphilis.	Gonorrhœa.
Fourteen protected stations ...	1883 ...	109·5 ...	25·2 ...	99·4
Do. do. do. ...	1884 ...	138·3 ...	35·6 ...	100·8
Fourteen unprotected stations ...	1883 ...	188·3 ...	44·3 ...	133·7
Do. do. do. ...	1884 ...	159·9 ...	49·1 ...	136·6
All unprotected stations	1883 ...	116·5 ...	28·5 ...	108·0
Do. do, do.	1884 ...	126·2 ...	30·2 ...	105·4

So that at the fourteen protected stations in 1883, when the operation of the Acts had been suspended for eight months, the admissions for primary venereal sores rose 45 per cent. above their average for 1880-82; and in 1884 there was a further rise of 38 per cent., when the ratio was 138·3, which was almost as great as it was at these stations in 1860 and 1861, when it was at its highest for the last twenty-five years. There was no corresponding increase elsewhere at the fourteen unprotected stations; the admissions for primary venereal sores in 1883 were only 7 per cent. higher than the average of 1880-82, and in 1884 they diminished sensibly; and if all the unprotected stations be compared, the ratio of 1883 shows a reduction of 5 per cent. on the average of 1880-82, though it regained this in 1884. Secondary syphilis presented little change in the last two years from what has been met with from 1880-82 at the fourteen protected stations, but in the fourteen unprotected there was a marked increase in 1883, which went on in 1884. When all the unprotected stations are taken together, however, the fluctuation is considerably less. Gonorrhœa has altered very little in the respective groups, but has remained most frequent at the fourteen unprotected stations.

In an early part of their voluminous report the Select Committee stated: "The extent of the subject induced your committee to exclude from their hygienic inquiry any special investigation into the effects of the Acts on the navy, and to direct their attention principally to the army, which affords adequate basis for observation and inference." We have already seen that the Royal Commission of 1870 reported favourably of the Acts in reducing syphilis in the navy, though there was an increase of gonorrhœa probably more apparent than real. In 1877 a Parliamentary paper was published giving a return showing the ratio of venereal disease in the crews of ships stationed at five home ports under the Acts, and at five home ports not under the Acts, from 1860 to 1875. The ports under the Acts are Dartmouth, Plymouth, Portsmouth, Queenstown, and Southampton. The ports not under the Acts are Greenock, Hull, Kingstown, Leith, and Liverpool. The result as regards the diminution of syphilis corresponds very closely to that obtained in the army. Thus in the years 1860-63, before any Acts were passed, the average annual ratio of syphilis was 75·02 per 1000 at the five ports since placed under the Acts, and 70·05 per 1000 at the five ports not placed under the Acts. In the years 1870-75, with the Acts in full operation, the average annual ratio was 43·52 per 1000 at the protected and 96·37 per 1000 at the unprotected stations; so that, latterly, the amount of disease at the former has been considerably less than half that recorded at the latter. The ratio fell 31·45 per 1000 at the one, but rose 26·32 per 1000 at the other. The cause of this rise at the unprotected stations, whatever it may have been, was probably also in operation at the others, and would have shown itself in them had it not been kept in check by the influence of the Acts, which should be credited, therefore, with the prevention of the rise as well as with the positive diminution. The difference, therefore, comparing the two sets of stations before and after the Acts, amounts to 57·77 per 1000 in favour of the protected stations.

As regards gonorrhœa the result is not so satisfactory, for there has been a very considerable rise in recent years. Thus, the ratio of gonorrhœa, which at the ports now protected was only 26·51 per 1000 in the years 1860-63 before the Acts, was as high as 63·08 in the years 1871-75, and at the unprotected ports it rose from 29·34 in the former to 52·36 in the latter. This increase of gonorrhœa is explained by the Director-General, Sir Alexander Armstrong, by the fact that, previous to the passing of the Acts, it was not the custom to place cases of gonorrhœa, unless severe ones, on the sick list; thus the majority of cases were not recorded. Since the Acts the attention of medical officers has been more closely directed to these diseases, and a large number of cases have been brought under notice which would otherwise not have been seen. The apparent increase which, it will be observed, has taken place at all the stations, whether under the Acts or not, may be attributed to the greater number of cases recorded, rather than to any real increase of disease.

Returning to the recently published Parliamentary papers already referred to, the naval returns do not specify the forms of venereal affection, but give all under one heading for successive half-years. The ratio per 1000 of the average force at Portsmouth and Plymouth of those admitted into Haslar and Plymouth Hospitals for "venereal diseases" were for the half year ending

	Haslar.	Plymouth.
June 30th, 1882	192·4	125·0
December 31st, 1882	191·7	104·1
June 30th, 1883	235·5	149·9
December 31st, 1883	263·7	230·7
June 30th, 1884	322·0	163·3
December 31st, 1884	312·7	156·1

Here, as in the case of the troops at the protected stations, the increase of the admissions after the suspension of the compulsory examination of the women (May, 1883) is very marked.

It has been therefore conclusively shown that the Acts were instrumental in preventing disease, and also that the abolition of their most important feature—the compulsory medical examination of prostitutes—has resulted in the reduction of women admitted into the certified hospitals, and in the increase of disease among the troops and among naval seamen.

THE LANCET.

LONDON: SATURDAY, JANUARY 2, 1886.

Anno exeunte a sober-minded retrospect becomes classes or bodies of men not less than individuals. There is always much to sadden in looking back; if it be only to think of the opportunities lost or inadequately utilised, or to compare performances with promises, the work actually done with that we intended to accomplish. *Anno ineunte* it is not less wise to think and speak soberly, but there is withal sound policy in taking a fairly rosy view of life and its prospects, if it only be to enable the mind to call into action its utmost energies for the initiation of good enterprise. We wish we could say that the outlook in medical science, and politics were even reasonably hopeful. It is far from our wish to pose as cynics or pessimists. We are, above all things, anxious to cherish a spirit of hopefulness. Nevertheless, it must be confessed, in all honesty, that the outlook *anno ineunte* is not of a nature to inspire cheerfulness.

In respect to medical politics—always distinguished from the politics of medical men—there is no good hope, or reasonable ground to anticipate, that the year upon which we are entering will differ widely from those which have immediately preceded it. Unless some great change should come over the spirit of the country and the Legislature the attention of public men will be so engrossed with matters of state policy at home and abroad, that very little, if any, time and thought can be spared for those concerns of the art and profession of healing and health-preservation which, while they really constitute the *conditions* of national prosperity, are readily crowded out of sight and forgotten when more clamorous business demands the lead. It is useless to cheat ourselves with the anticipation that the present or any other Parliament charged with such seemingly weighty matters as the pacification of Ireland, the reorganisation of Egypt, and the establishment of peaceful relations with the Powers of Europe and the world in general, to say nothing of such near future questions as that of the disestablishment of the Church, will have time or be in a mood to busy itself with the intricate questions of medical reform. If it should happen that these subjects are brought under the notice of Parliament, it will be at odd moments and, so to say, in the cuttings and parings of time. Clearly recognising this fact, we ought at once to perceive the immense practical importance of settling all disputes and adjusting differences *among ourselves*, so that any proposals that are made to the Legislature shall take the form of carefully drafted agreements, asking only the seal of authority to make them binding. It is useless, and would be fatuous, so far as any intelligible policy except that of delay is concerned, to go to the Government or to the Houses of Parliament with measures still in dispute. There cannot possibly be time for debate. If we are to get anything, it must be in direct reply to a specific request. This applies to all questions of medical reform, whether general or special. It is simply puerile to expect the discussion of any measure in Parliament. The utmost that can be accomplished is the passing of some Bill agreed upon between ourselves, and so perfected that nothing remains to be done for us by the Legislature. If medical reformers of abuses will take this for granted, something may possibly be accomplished by their endeavours, but failing the perception of this fact there can be no progress.

For example, if London is to be placed on the same footing with other large cities in respect to the facilities afforded to students for obtaining degrees in medicine, there must be a final agreement as to the bases of any change which may be legally necessary before the question at issue is raised in Parliament. It will be worse than useless to send up vague prayers to the framers and makers of public law, because these gentlemen will be far too busy to hear us and answer our petitions. It is beyond question a scandal that residents in the metropolis should be compelled to go to the provinces or even into other divisions of the United Kingdom, for qualifications which ought to be obtainable at the fountain-head of authority. The admittedly grand *rôle* of the so-called University of London as an examining board is all too grand for the majority of students and practitioners. The degrees it confers are unquestionably proofs of learning on the part of those who receive them; but the efforts to obtain these high honours are out of all proportion to the exigencies of every-day life and practice. Both as regards the time they take and the work required, the game is not worth the candle to the many, and even to some who, perhaps, *could* gather the golden fruit if it seemed likely to repay the trouble of climbing so high for it. It is easy to understand that the medical graduates of the London University—to whom all honour—should be unwilling that the distinction which they have expended much time and thought to win should be placed within reach of the less ardent. This is not only perfectly natural, but right and just. Men with any self-respect who have not now that degree, which is practically an "honours" degree, would, we must believe, be averse from taking it if the conditions of its attainment were lowered. There is therefore obviously nothing left, save to meet the urgent need of a degree within reach of the average student in London by creating a more popular, and in a sense more genuine, university in the metropolis; and it seems clear to us that the only way of accomplishing this purpose is to bring about an affiliation of the existing schools in London, with a central body constituting a Senatus, thus creating out of the existing excellent materials a metropolitan university. There ought not, so far as we can see, to be any insuperable difficulty in carrying out this scheme. As far as a medical faculty is concerned, individual schools of medicine could be effectually represented by the conjoint Colleges of Physicians and Surgeons.

The prospects of medical reform in Parliament are *nil*; but medical reform may and will be attainable, even in the busy year before us, if only there be *substantial* and *detailed* Bills before the Legislature, the opposition to which has been previously threshed out and broken down, by the parties interested among themselves. If we will learn from the past, we shall succeed. Medical reform would have been easily accomplished two or three years

ago, but for the opposition offered by unsatisfied parties when measures came before Parliament. It is perfectly useless expecting to pass any Medical Bill for some years to come, unless opposition is averted. If medical reformers will lay this to heart and arrange accordingly, disappointments and unavailing regrets may be avoided.

THE moral success was complete of the meeting of Fellows and Members of the Royal College of Surgeons of England, held on the 17th ultimo, whatever may be its immediate effect upon the Council. A report of the meeting was published in our last issue, though the statement of the Council which was then formally presented had already appeared in our issue of Nov. 28th as a part of the report of an extraordinary meeting of the Council which was held on Nov. 24th. So far as it is possible to discover any meaning in the jumble of contradictions, inconsistencies, and sophistries of which the "statement" of the Council is composed, it would perhaps, on the whole, be more correct to say that the reiterated demand of the Fellows and Members for a larger share of the management of the College is evaded rather than refused. It was therefore merciful and pitiful to give the Council one more chance of redeeming its reputation and of saving its dignity by abandoning a position never secure, but now altogether untenable. Mr. HOLMES, as the spokesman of the Association of Fellows, moved the following resolution:—"That the answer of the Council is not satisfactory, and that the Council be respectfully requested to reconsider the subjects (1) of the representation of Members of the Royal College of Surgeons, and (2) of submitting for approval any alterations proposed to be made in the constitution, or in the relations of the College, or in any of its bye-laws, to a meeting of Fellows and Members." This was seconded by Mr. GAMGEE, as the mouthpiece of the Association of Members, and after a long, intelligent, and earnest discussion, was carried by an overwhelming majority. It is indeed both noteworthy and significant that, while several persons, including both Fellows and Members, spoke cordially in favour of the resolution, only two persons could be found, in a large and crowded meeting, to give utterance to the semblance of a contrary opinion, and neither of these ventured to move an amendment. Of these two speakers, one seemed to base his opposition upon an insurmountable dislike to changes of any and every kind; the other, on an apparent belief that, as the rights of Fellows and Members were defined by the Charters of the College, nothing could be done to alter them. This assumption implies ignorance or forgetfulness of the fact that the ostensible motive of the present agitation was the proposal of the Council to obtain certain alterations in the Charters. It was because the proposals of the Council did not go far enough that the resolutions were proposed and carried at the meeting of March, 1884. The history of the College furnishes several disproofs of the assumed finality and inalterability of a Charter. For instance, the notorious Charter of the year 1843 did materially alter and disturb the constitution of the College as founded by the Charter of the year 1800, and did gravely modify the rights, status, and relations of all Members of the College. If the Charter of the year 1843 could create a new order of Members to be called Fellows, and if it could confer upon these Fellows certain exclusive rights and privileges, it does not require much perspicacity to conceive that a Charter may be granted in, say, the year 1886, which will, among other things, provide for adequate representation of the Members of the College in the Council. What the precise nature and extent of the representation should be may still have to be definitively settled; though it is satisfactory to learn that the Association of Members has practically, and in the main, accepted the principle laid down at the general meeting of the Association of Fellows held last May—namely: "That it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education, if Members of the College were empowered to take part in the election of members of the Council, provided, first, that no Member shall be eligible to vote until he have been such Member for a period of at least ten years; and secondly, that the number of members of the Council elected by the Members of the College shall not exceed one-third of the whole Council." (See THE LANCET, May 23rd, 1885, p. 963.)

Mr. RIVINGTON, in his sensible and appropriate observations on the resolution proposed by Mr. HOLMES at the general meeting held in the College last month, suggested that the Council should take steps to ascertain the individual opinions of the Fellows and Members on the points at issue. This is a practical and practicable way of proceeding. If the Council is really actuated by the lofty and disinterested sentiments it so persistently professes, let it issue the resolution of the Association of the Fellows and ask each Fellow and Member to signify his approval or dissent by the word "Yes" or "No."

THE charitable world has been startled by the proposal of "A Middlesex J.P." that every subscriber to a hospital should contribute on the condition that 25 per cent. of his subscription shall be given to the payment of current expenses, and 75 per cent. invested—that is, that a quarter shall go for the present wants of the hospital, and three-quarters for the future. We find it difficult to speak with proper patience on such a suggestion, which has met with telling replies from Mr. HENRY C. BURDETT and from Mr. F. C. CARR COMM, chairman of the House Committee of the London Hospital. The principle advocated by "A Middlesex J.P." is the very contrary of that generally approved by the intelligent supporters of hospitals, who rightly argue that the main duty of every generation of subscribers is to make generous provision for the sick poor of its own day, and leave to the benevolent of a future day the duty and the pleasure of providing for the sick of its own period. No doubt it is reasonable in the administrators of a hospital, large or small, to have a little reserve against a rainy day—for "some days must be dark and dreary"—like those we have at present. But that it is the duty of the present subscribers of hospitals to lay by 75 per cent. of their contributions for the benefit of future patients or a future generation is one of the most curiously wrong notions which we remember to have met with. The case would be different if we had met the misery which exists with adequate generosity—if we had subscribed enough "and to spare." But this is notoriously not the case; many

a poor man, woman, and child are suffering in straitened homes for want of a bed in a hospital, which the slightest curtailment of our luxuries would suffice to supply. Criticism has taken in many minds the place of charity. A keen eye for abuse has taken the place in them of a keen eye for suffering, and any charge against hospitals is entertained: "they are sectarian," "they are abused," "they are extravagant," "unfit persons gain admittance," and half a dozen other things are said of them, which damp enthusiasm, and serve as an easy excuse for not sending the subscription which every benevolent man feels disposed in his best moments to send, and which he would double if he could actually see the great care and skill with which the suffering are treated in any of our hospitals. We are not denying the occasional abuse of hospitals. We see by the *Newcastle Daily Leader* that Mr. JRAFFRESON, of Newcastle-on-Tyne, has been giving instances from his own experience. There is something in the retort of our contemporary that there is sometimes a want of accommodation in hospital surgeons to humbler patients in the matter of fees. It is also true that it is impossible to judge every case by a mere wage test or a rent test; and, further, it is true that many people avail themselves of hospitals for a big or occasional misfortune who ordinarily pay their medical man pretty well, and more than they would pay in any ordinary provident arrangement. But we do not doubt the existence of a considerable amount of abuse, though it has apparently been exaggerated. The abuse ought to be eliminated, but it is impossible to deny that our existing hospitals are inadequate to the charitable and kindly treatment of the really poor; and if Christianity itself is not to be discredited, if its favourite boast is not to be disproved, we shall have to exhibit far more generosity in hospital subscriptions and donations, and far less carping criticism. Let any humane man think of what the closing of wards of hospitals means in a community like London, and he will see the force of Mr. BURDETT'S and Mr. COMM'S arguments in favour of more support for them. And the benevolent will not do badly if they consider that hospital the best whose expenses of administration are least, and which expends its money, not in investments, which, indeed, are now very attenuated in most London hospitals, but in receiving and relieving urgent cases of pain and disease.

A RECENT trial before the Lord Chief Justice, memorable alike for the forensic talent with which it was conducted and the weighty medical testimony with which it was supported, furnishes matter for serious contemplation of the physiological and pathological features of two complex functional disorders—diabetes and disturbed cardiac dynamism. It was admitted by the defendant company that an accident had occurred; but they denied, firstly, that the immediate injuries were as severe as alleged by the plaintiff, and, secondly, that neither the weakness and irregularity of the heart nor the glycosuria was the result of their negligence. Now, there is both experimental and ordinary pathological evidence that diabetes may be induced by injury to the cerebro-spinal system, and that part of it in particular which is known as the floor of the fourth ventricle. In fact, CLAUDE BERNARD demonstrated, and the observation can easily be verified, that puncture of the medulla oblongata at a certain spot—the so-called diabetic centre—is followed by the appearance of sugar in the urine. If the animal be left at rest, the glycosuria disappears in a few days, and, other injuries apart, it regains equilibrium of the glycogenic function. So, too in the human subject, it is not rare to find the urine of persons who have recently met with severe injuries to the skull to contain a trace—and it may be more—of glucose. With appropriate treatment, however, this chemical evidence of disordered innervation, vascular and special, vanishes in the great majority of cases, although it is certain that now and then, instead of being transient, it remains permanent. We are acquainted with a case of a man who was the subject of a very severe injury to the head, which produced a lasting crossed paralysis, palsy of the facial nerve, and hemiplegia on opposite sides. Twenty-seven years after the accident his urine was found to be loaded with sugar, and at the post-mortem examination a calcareous nodule, the size of a pea, was found in the medulla oblongata, and around it a tract of sclerosed nerve tissue. We imagine there can be little doubt that the lesion in question was the cause of the diabetes; to say the least, such an inference would have been considered by most medical men a fair interpretation of the facts, and one which a court of appeal would not be ready to set aside as "against the weight of evidence." We cannot subscribe to an assertion made at the trial recently concluded—viz., that because insensibility did not, as alleged, ensue upon the injury, that therefore the latter could not have produced diabetes, for the puncture experiment before referred to negatives such a conclusion. It seems to us that it is impossible to say with certainty that any one factor is *the* cause of diabetes in a given case. The decision must be grounded on the results of a balancing of probabilities, and this in the subject before us is necessarily a delicate procedure, for several theories may be found to fit the facts almost equally well. Diabetes in its minor degrees may certainly exist without the patient, or even his medical attendant, being cognisant of it. Nor need its existence cause any serious departure from accustomed health. The deaths from acetonæmia, which now and then occur without previous warning, support our contention.

Annotations.

"Ne quid nimis."

DECREASE OF ZYMOTIC DISEASES.

THE Supplement for the decennial period 1871–80, which has been recently issued by the Registrar-General, affords a remarkable confirmation of the value of the sanitary measures which now form so important an element of imperial and local administration in England and Wales. According to Dr. Ogle, the general rate of mortality has, when compared with that which prevailed during the ten years 1861–70, so far lessened as to exhibit a saving of 1144 lives annually to each 1,000,000 persons living; and the saving has to a large extent been effected by a decrease in the more preventable of the zymotic diseases. The scarlet fever mortality fell considerably, the annual deaths per 1,000,000 having diminished from 972 to 716; diphtheria exhibited a decrease from 185 per 1,000,000 to 121, but the

loose nomenclature used in connexion with this disease makes the returns under this heading unsatisfactory. The deaths from "fever," a term which includes typhus, enteric fever, and the ill-defined forms which are placed under such headings as "simple continued fever," fell from an annual average of 885 per 1,000,000 to 484. Enteric fever is essentially our English fever; it is the disease of all others the mortality from which affords a test of efficient sanitary administration, and a fall of no less than 45 per cent. is a testimony to a vast amount of excellent work. The deaths from diarrhœa also fell from an annual rate of 1076 per 1,000,000 to 935; in other words, there was an annual gain of 141 lives for each 1,000,000 persons living. The diminution in measles and whooping-cough was much less marked, and these are diseases which are hardly subject to such sanitary control as can be exercised. One disease, however, forms an exception to this general decrease—namely, small-pox, the mortality from which rose from 163 per 1,000,000 to 236. This rise was largely due to the fact that the serious epidemic of 1871 and 1872 is included in the decennial period referred to; but it has been partly due to an increase in adult small-pox amongst persons who have not been revaccinated, a subject to which we referred at length in our recent comments on the last annual report of the medical officer of the Local Government Board. This increase too, occurring as it has done in the face of a general decrease in the zymotic diseases which are essentially preventable ones, shows how incorrect it is on the part of those who deny the value of vaccination to assert that the general diminution of small-pox since the Vaccination Acts came into operation has been the result of improved sanitary administration. Apart from the protection afforded by vaccination and revaccination, small-pox is as deadly a disease as it ever was.

THE HOMES OF THE WINDSOR POOR.

WE have seen with much satisfaction that the opinion that Windsor must make a determined effort to improve the homes of its poorest inhabitants is gaining strength. In a leading article *The Times* has well urged the need of the improvements for which we have pleaded; and the Rev. Arthur Robins has in a letter which was published in that journal on Christmas Day again shown that the only effectual remedy which can be applied is the complete demolition of the worst areas, and the erection on their sites of habitations suited to the health and moral requirements of the people. Sir Henry Ponsonby has, at the instigation of the Duke of Connaught, promised to bring to the notice of the Queen the fund which Mr. Robins proposes to create, on condition that "the plan should be fully matured in conjunction with the authorities of the borough"; and we now learn that the Mayor has promised to meet Mr. Robins and his friends immediately after Christmas in order that they may take counsel together. There is, then, every prospect that a substantial beginning will be made of the steps which are necessary for the completion of the scheme. The purchase of the sites and the existing buildings can only be undertaken by the goodwill of the present owners. Unfortunately, the worst houses are those which remunerate most largely their owners. The poor invariably pay a rental which is altogether out of proportion to the character of the accommodation which is afforded them and of the money value of the property. A recent decision of an arbitrator of the Local Government Board, appointed to assess the value of certain insanitary buildings in St. Pancras, allowed no premium for compulsory sale, and had full consideration for the condition of the property. Proceedings taken under Torrens' Act by the local authority would, therefore, enable all houses which could be demolished under this Act to be removed at a reasonable cost. We presume, however, that arrangements will, if possible, be made for the clearance of sites without recourse to this measure, and, under these circumstances, it is earnestly to be hoped that the owners will meet the would-be purchasers in a liberal spirit. There should be no difficulty in the way of raising a considerable sum of money for the purpose of doing honour to the Queen and of improving the condition of the Windsor poor at the same time.

HOSPITAL PROVISION FOR INFECTIOUS DISEASES IN SALFORD.

THE relations that subsist between the guardians of the poor and the Town Council of Salford, as the sanitary authority for that borough, with reference to the expense incurred for the hospital isolation of infectious diseases, are just now under discussion in the General Health Committee of the Council. At the request of this Committee the medical officer of health (Dr. Tatham) has prepared and issued a special report on the subject, which has far more than local interest. In the provision of efficient hospital accommodation for the isolation and treatment of infectious diseases, Salford has taken a prominent place among the large towns of England. The local sanitary authority, at its Wilton Hospital, possesses 100 beds, which, as Dr. Tatham remarks, "*under ordinary circumstances*, will probably be sufficient for the isolation of such infectious cases as are likely to require removal, *with the one exception of small-pox*, which cannot safely be treated in close proximity to our present fever hospital." This hospital accommodation is supplemented by an arrangement with the authorities of the Monsall Hospital to receive such cases of infectious disease, including small-pox, as the Health Committee are unable to accommodate in Salford. Wilton Hospital was established in 1876 for the "isolation of such patients *other than paupers*, as could not be treated at home without risk"; but within a year of the hospital being opened an arrangement was made between the guardians of the poor and the Salford Town Council, by which paupers were admitted to the hospital on payment of a guinea a week by the Poor-law authority; and during the period from 1876 to the end of 1882 more than 37 per cent. of the patients treated in the hospital were paid for as paupers. In fact, during that period most of the patients were admitted on the order of the relieving officers. In 1883, however, the compulsory notification of infectious diseases came into operation in the borough, and through this agency the "sanitary inspectors received information of infectious sickness as early as, if not earlier than, the relieving officer, and consequently the patients were, in many cases, removed and their homes disinfected before application could be made to the Poor-law authority for relief." Under these circumstances the proportion of patients paid for as paupers declined to 6 per cent. in the two years 1883-84, although the proportion of patients in a position to contribute to the expenses of the hospital showed no increase. A deputation from the Health Committee therefore waited upon the guardians, and made such representations on the facts above referred to, that the guardians agreed to grant an annual sum of £500 to the Health Committee as a "contribution towards the treatment and maintenance in hospital of poor persons suffering from infectious disease." This arrangement received the sanction of the Local Government Board, and has since been in operation. The point now under the consideration of the Health Committee of the Town Council is an application to the guardians for an increased subsidy. Bearing in mind the large expense incurred by the maintenance of the hospital, and the undoubtedly economical

bearing of its operation upon the expenditure of the guardians in respect of out-door relief, it may be earnestly hoped that, in the interest of public health, as well as of Poor-law expenditure, the guardians will take a large and liberal view of the question, and of the request for an increased grant in aid of the expenses connected with the Wilton Hospital.

THE GOVERNMENT OF LONDON.

THE Parliamentary and General Purposes Committee of the St. Pancras Vestry have presented a report, which the vestry have adopted, upon the scheme which the Corporation of the City devised for the better government of London, and which is based on the principle of the establishment of a series of municipalities throughout the metropolis. The report agrees with the corporation scheme so far as it recommends that there should be a central body for common or metropolitan purposes, but disagrees entirely with the idea of ten separate municipalities. The committee are of opinion that there should be local municipal boroughs, each of which should have a council, which should manage all its local affairs, and the duties and powers of such local councils should be clearly defined in the Act; and also that there should be one central authority either elected from such local councils or by the ratepayers direct, and if direct, that they should be elected at the same time as the local councils, and those having the highest number of votes should be members of the central as well as of the local councils. The central council should have conferred upon it duties now performed by the Metropolitan Asylums Board, the School Board, and the Metropolitan Board of Works, so that there should be only one authority for metropolitan purposes, instead of the numerous and often conflicting authorities as at present. The new London government, the Committee think, should also deal with all questions of Poor-law administration. We observe in these recommendations the thoughts of Mr. T. Eccleston Gibb, the vestry clerk for St. Pancras, who has recently been elected M.P. for the Eastern Division of that borough. Mr. Gibb's presence in the House will materially strengthen the hands of any party seriously undertaking the reform of London government, and it may be expected that any legislation in which he takes part will have full regard for the health requirements of the metropolis.

FURTHER RESEARCHES ON MALARIA.

IN the current number of the *Fortschritte der Medicin* there appears a translation from the Italian of some further researches on malaria by Professor Marchiafava and Dr. Celli. The chief results so far obtained are thus summed up:—1. In the blood of individuals suffering from malaria there may be found in the interior of the red blood-discs minute organisms composed of homogeneous protoplasmic particles which are endowed with lively amœboid movements, and can be distinctly stained. These organisms are only found in the blood in cases of malaria, and are termed plasmodes or hæmoplasmodes of malaria. 2. In the interior of these units reddish or black pigment may be detected; but it is not an essential constituent, being merely derived from the hæmoglobin of the red disc. According as this pigmentation does or does not take place we have or have not melanæmia. 3. The hæmoplasmodes may be transformed by a process of fission into a group of granules which do not possess amœboid movements. This fission may occur in the pigmented as well as in the non-pigmented plasmodes, and it is most probable that this is the ordinary mode of multiplication within the human organism. Infection may occur as the result of the intravenous injection of malarial blood, as is shown not only by clinical experience, but also by the fact that in the blood of the receiver the hæmoplasmodes may be discovered. The units further increase as infection progresses, and diminish, until they disappear, as infection ceases, whether naturally or under specific treatment. The authors, in determining some of the last points, made experiments on a man aged forty-three, who was suffering from paralysis agitans, but who had never had any malarial fever. The blood was taken from a malarial subject during his apyrexial period, and the febrile movement commenced in the receiver the same evening.

A HIDDEN DANGER.

THE risk of conveying parasitic disease by means of the brushes and combs used in hair-dressing is not an imaginary one. It is no doubt much reduced in the better-class establishments by careful attention to cleanliness of the implements used, but even in them accidents are liable to occur at times from forgetfulness or neglect. A rush of customers cannot always be controlled, and there may not be time in each case to provide against the transference of contagion, which, perhaps, may be exceptional, and, as a rule, unlooked for in the course of a given business. Such unusual circumstances have nevertheless to be considered and dealt with. Some will insist that a good supply of brushes in permanent use, with regular cleansing, is the only reliable guarantee for all emergencies. Against the grounds of this argument nothing can, of course, be said. If the plan is borne out in practice, no ill can come of it. At the same time further suggestions are both admissible and welcome. Among such it may be well to note a method—in favour of which all others have been discarded—by a Liverpool operator. This consists in supplying each customer with a separate and personal brush, which is, in ordinary phrase, "given in" with the hair-cutting. The plan appears to pay, and we may readily believe the assurance of its originator—that by its employment the fear of parasitic troubles is reduced to a minimum. A comb is not mentioned as being given along with the brush; but this, again, can be much more easily and rapidly disinfected as required, and practically, we suppose, may be left out of account. Certainly the novel arrangement with regard to brushing is a gain on the side of healthy practice.

SANITARY SURVEY OF ST. LOUIS.

THE present and past sanitary history of St. Louis forms the subject of a volume by a number of contributors, the whole being a reprint from the Transactions of the American Public Health Association. The topography, climate, and sanitary administration are first entered into, and then come chapters on the sewerage and water-supply, and it is interesting to note how marked an effect proper sewerage and drainage schemes have had in reducing the mortality in those portions of the town which have been fully dealt with; but the absence of sewers in some localities leads, in this comparatively small town, to a mortality which exceeds that of London. All this is, however, in course of remedy, and in such details as the through ventilation of house-drains efficiency is now insisted on. The paving of the streets and minor thoroughfares, and a description of the milk service next follow, together with a review of the local industries, and of the chief local factors in the causation of disease. In an appendix is a brief account of the visitations from cholera which St. Louis experienced in 1849, from 1850 to 1854, and in 1866, and it is further shown how the sanitary organisation of that year led to a control of this disease in 1867, and to a rapid disappearance of the epidemic when it appeared for the last time in 1874. The last paper reveals one of the greatest dangers to which St. Louis is subjected—namely, the fact that the population resort to a

large number of local wells for water. Many of these wells are known to be foul, but we read of one sunk in a portion of the town which is thickly covered with old buildings, and from which the water is taken which provides the main manufacturer of soda-water. On three sides of the establishment are sewers, and close by is a filthy alley. So, also, this very block is described as a cholera centre thirty years ago. The detailed account of the public water service of St. Louis shows that it is not above suspicion either as regards its source or the quantity available for the population, but remedial measures were in contemplation when the report was written, and it is to be hoped that by this time further action has been taken in respect of this and other sanitary measures which are shown to be called for. It would be well if every city and town could refer to such a document for information as to its sanitary advantages and defects.

POISON FOR TWOPENCE.

THE evidence given at an inquest held last week by Mr. Bedford, the coroner for Westminster, serves to illustrate very strikingly the ease with which large quantities of deadly poison may be purchased without inquiry or restriction of any kind. It was stated that the deceased, a man named Winter, employed in the Catalogue Department of the British Museum, had suffered from periodical attacks of nervous prostation for some considerable time, probably for nearly six years; that he was of an excitable disposition, and would frequently absent himself from home for days together. About 11 o'clock on the morning of the 18th inst. he was seen to drink something from a tumbler, and on being questioned by his niece admitted that it was oxalic acid. He was removed to the Westminster Hospital, and died ten minutes after admission. We are not told how much was taken, nor what antidotal treatment was resorted to, but Mr. Swain, the house-surgeon, is reported to have stated in evidence that *for twopence enough poison could be purchased to kill two people*. This is an assertion which cannot be allowed to pass without inquiry and investigation. That deadly poisons are sold in this reckless way is almost inconceivable. If the Poisons Act permits the sale of oxalic acid to any and every chance comer, the sooner its powers are strengthened the better for all concerned. It is generally admitted that of late the responsible authorities have been slow to exert their powers.

BURNED TO DEATH.

IT is not less humiliating than terrible to think that for the want of obvious measures of safety ladies of position and refinement should succumb to "accident" by burning from the simple fact of a dress taking fire from a fallen candle, or in some similar fashion. Mingled with the very deep sympathy we feel for the victims of the last calamity of this sort—that which has just occurred at Stoke, near Devonport—there must needs be a deep sense of the grievous mistake so strangely made by even the most enlightened and well-informed in omitting to have dresses of the "light material" worn at balls so prepared as to render them non-inflammable. The initial fault, of course, lies with the manufacturers, who ought of their own forethought—or, if they will not, should be compelled by Act of Parliament—so to prepare the fabrics of which ball dresses are made that they shall be free from the peril of fire. That there is no insuperable difficulty in this process we all know, and it is one which ought to be generally adopted. It is idle to prescribe carefulness in the act of dressing or while wearing clothes of these specially light materials. "Accidents will happen" is an adage which none can gainsay. Nor is it possible to pen one word, except of regret, for the fate of the victim, whose impulse, fatal as it proved, was to run to the aid of the first sufferer. It is no use now to argue that the wearer of a similarly inflammable dress ought to have kept away instead of seeking to lend assistance. What would the world have thought of the poor lady if she had done the right and prudent thing in the emergency? The victim of her own good but impolitic impulse must be mourned by all generous hearts with respect rather than censure. The presence of mind shown by the step-father—who, happily for one at least of the sufferers, was at hand—is also to be highly commended; but it is heart-rending to think that not only might death and suffering have been prevented, but that the accident would not have occurred, if only the precaution had been taken to render the materials of which their dresses were constructed non-inflammable, by the manufacturer in the first instance, and by the laundress afterwards.

ALCOHOL IN INFIRMARIES.

MR. THOMAS ROBINSON, the secretary of the Sunderland Infirmary, has published a correspondence between himself and Dr. Philipson, of Newcastle, on the Consumption of Alcohol in the Sunderland Infirmary. He points out that the average cost per bed in Sunderland is 3*s.* 11*d.*, and not 9*s.* as stated by Dr. Philipson, the amount spent on alcohol in the Infirmary of Newcastle being 28*s.* per bed. Dr. Philipson, in reply, attributes the difference to the large proportion of severe surgical cases in the Newcastle Infirmary compared with that of Sunderland, and suggests that the mortality of such cases is less in the Newcastle than in the Sunderland institution. Mr. Robinson retorts in numerous letters, and with various statements. The chief of these is to the effect that in regard to medical cases the number of cures in the Newcastle Infirmary has steadily fallen in ten years from 58·80 to 24·86, and the death-rate has risen from 8·47 in 1875 to 12·01 in 1884; whereas in Sunderland the decrease was only that represented by 51·78 per cent. in 1885, and 64·37 in 1876. The average death-rate of surgical cases (including accidents) in Newcastle for ten years was 5·58 per cent., in Sunderland 2·45 per cent. Of capital operations in Newcastle, the average death-rate was 4·0 per cent., in Sunderland 2·43 per cent. We must say that we regard such wholesale statistics with very little confidence. It is scarcely conceivable that the mortality of medical cases in both the Newcastle and Sunderland Infirmaries is greater than it was ten years ago, and the cures less. We think the medical use of alcohol a question of great scientific and moral importance, but it is not to be settled by vague letters of this kind.

"RELIGIOUS HALLUCINATION."

WHAT is known as *religious hallucination* is really either the special development of a general morbid state—in other words, ordinary insanity putting on a particular type probably determined by the environment,—or it is a variety of hysterical excitement. There is in the weak and unstable minds of women a natural tendency to ecstatic engrossment with the subject of religion. This is fully accounted for by the fact that religious beliefs are the only remaining forms of mental excitation about the unknown and mysterious. The belief in fairies and witches and ghosts of all kinds has already died out in the minds of educated folk. No note need be taken of the lingering trace of these old phantasies which we find in the spiritism of the few who still cleave to the love of mystery. When the feminine mind, or the masculine mind of feminine grade, is perturbed, it naturally busies itself with the affairs of some other world. There is nothing in the least degree remarkable from a physiological point of view in this notorious fact. Nor is there anything strange in this particular form

of excitement, and others like it, being found to spread from one individual to another—in short, becoming epidemic. Just as stringed instruments are attuned to each other when long played in concert, and sensitive flames respond to vibrations propelled through the atmosphere, brains of like or "sympathetic" physical structure and organic habit are mutually responsive. The special features of any local or social development of the perturbation called "religious hallucination," are doubtless determined by the type of the class affected, and this, as we know, is determined by the conditions of heredity, life, growth, and education. There is nothing whatever wonderful in these phenomena. They are simple facts in the light of physiological science, and can be fully and clearly understood in this light only. The remedy for such visitations is further enlightenment. The time is probably not far distant when disturbances and phantasies of this sort will be wholly and everywhere things of the past.

STATE MEDICAL MATTERS IN VENEZUELA.

THE Venezuelan journal *El Ensayo Medico* mentions several reforms which seem greatly needed in Caracas, the capital of the republic. So many urgent cases occur in the night amongst people who are either so poor or so ungrateful that they do not pay a doctor when they summon him, that it is of great importance for the Government to establish a night service for providing medical aid to those in need of it. Again, there is, it seems, but one "municipal medical officer," who has long distances to travel and plenty of work to do; so that very frequently when he is urgently needed he cannot be found. The editor of *El Ensayo* mentions that people often come to him imploring him to go and look at a corpse, so as to give them a death certificate to enable burial to take place. Sometimes the case is of an infectious nature, and it is of the utmost importance that it should not be retained in the house; but it is impossible for a single municipal medical officer to be always able to attend to such cases without delay—and this, of course, is dangerous to those still alive. It is to be hoped that the city will see its way to making some better arrangements, whereby this delay may be avoided. A horrible system, too, is in vogue of taking the bodies from hospitals and the houses of the poor to the cemetery in shells, which, instead of being buried, are brought back and used repeatedly. These shells can hardly fail to be in many instances vehicles of contagious disease of various kinds from the dead to the living. There is one other point worth mentioning, and that is that the habit of going to church, especially on feast days, to pray for relatives who are sick or dead of an infectious fever, leads to the churches being in many cases dangerous hotbeds of infection. The editor has frequently seen people who have just been nursing yellow fever patients—feeding them, emptying their dejections and black vomit—praying in church, surrounded by numbers of other citizens. Surely medical men might do something towards minimising this danger by explaining certain necessary hygienic precautions to the families of patients afflicted with infectious disorders.

AZOTURIA.

AN estimation of the amount of urea discharged in a given time has been long regarded as a scientific means of diagnosis, not only in renal disease, but in other disorders which disturb the normal exchange of material. Within the last two or three years M. Rommelaere has made certain statements which, if true, would certainly afford additional help in the differential diagnosis of gastric diseases. Azoturia is a convenient term to signify the normal discharge of nitrogen in the urine. It used to mean hyper-azoturia, and we now also speak of hypo-azoturia. But difficulties still exist in the way of nomenclature, for no one knows the normal discharge of nitrogen. It is asserted in text-books of physiology that 500 grains of urea are the normal amount discharged by an average healthy man in the twenty-four hours. But this seems to be an arbitrary standard. The objections that have been raised against Rommelaere's conclusions (*vide* THE LANCET, p. 604, vol. ii., 1884) are four in number:—1. The estimate of thirty-two grammes for the normal azoturia is too large; in France it is given as twenty-one grammes. 2. Azoturia is proportional to the kind of diet. 3. A patient who is not fed, or who vomits his food, has hypo-azoturia, no matter what his disease. 4. Cancers may be associated with hyper-azoturia. Rommelaere admits the force of the first two objections, though he thinks his own conclusions are not perceptibly altered thereby. Theoretically there are objections, but not practically. He adduces evidence to show that the degree of azoturia is not in direct relation with the quality and quantity of the food in acute diseases, nor even in chronic affections.

THE BLACKWATER VALLEY.

THE stream into which some of the sewage of Aldershot, and the numerous hamlets along the marshy valley between Aldershot and Swallowfield, ultimately finds its way is, as we have already pointed out, in a very insanitary condition. Diphtheria has become almost naturalised along the line of this stream, and sporadic cases of typhoid occur from time to time. The surrounding district above the level of the valley is, with a few exceptions, very healthy. The soil of the higher ground is sandy, and permits filtration to take place to the lower ground, making this an unhealthy morass. A scheme is in contemplation for cleansing the Blackwater stream and lowering its level, so as to enable the valley to be drained. There is at present some want of unanimity among the local sanitary authorities interested in this matter. But it is a subject of far more than local interest; for adjacent to this valley, and more or less affected by its condition, stand the military schools of the country, as well as the military camp at Aldershot.

DIGESTIBILITY OF CHEESE.

THE digestibility of cheese depends a good deal, according to Klenze, on its physical properties. All fat cheeses are dissolved or digested with great rapidity, because the molecules of casein are separated only by the fat, and so the solvent juice can attack a large surface of the cheese at one time. Whether the cheese be hard or soft does not appear to matter, and there is no connexion between the digestibility and the percentage of water present in the cheese. The degree of ripeness and the amount of fat have, however, considerable influence, for both these conditions render the cheese more friable, and so allow of intimate contact of the juice. Cheddar took the shortest time to digest (four hours), whilst unripe Swiss cheese required ten hours for solution.

MEDICAL AGENCY.

AN important action has been tried in the County Court, Newport, in which Mr. Tritton, librarian of King's College, sought to recover £30 of Messrs. Elkington and Baddeley for introducing to them a partner—Mr. Morgan. It was not denied that Mr. Tritton had introduced Mr. Morgan, but it was contended that he was not a commission agent, and was not appealed to as such; and the defendants, while quite ready to pay a gratuity, objected on principle to pay Mr. Tritton as if he were a regular agent. In the end the jury decided that the defendants employed the plaintiff to

introduce a partner, and secondly, that the plaintiff did introduce Mr. Morgan. But they left it an open question whether the plaintiff should be paid for his services; and on being asked by the judge to say what would be a reasonable sum for his services, said £15, and judgment was given for that amount, each side to pay its own costs. Mr. Tritton would have done better not to have assumed the office of a medical agent. It is clearly not desirable that the officials of our medical schools should practise the callings of medical agents.

THE METROPOLITAN PUBLIC GARDENS ASSOCIATION.

THIS Society, in a circular issued a few days ago, has shown good reason why the sum of £4000 which is asked for in aid of its work should not prove too much for public liberality. Since its establishment in 1882-3, the Association has been engaged in 233 undertakings connected with the formation of playgrounds, public gardens, resting-places in thoroughfares, and gymnasia. Of these, eighty-three have been successfully carried out, eighty-five have been unsuccessful, and sixty-eight are now in progress. The year 1885 has seen the formation of twelve new spaces for recreation. The cost incurred on this head has varied from £46 to £1030 in different cases. For the payment of these amounts the Association has, in several instances, been much aided by the generosity of individual subscribers; in others, the weight of expense has been borne by its own funds. Another point worth noting is, that most of the labour devoted to these works has been sought for among the ranks of the "unemployed" labouring class. Trees have been planted in two thoroughfares, and seats provided where necessary. Money has been advanced to six public gymnasia in sums ranging from £10 to £100. The Public Gardens Association is not sectarian or illiberal in its aims or its donations. A part of its funds has gone to strengthen the efforts of other bodies working on the same lines as itself. Nor do its benevolent exertions take effect on any specially favoured metropolitan area. Islington, Battersea, Bethnal-green, Mile-end, Holborn, Clerkenwell, Westminster, and many other quarters, can bear testimony to the enlightened zeal of its members. The opening up of Highgate Woods and the formation of a public park at Kilburn are partly due to its representations. Much more work of a like kind remains to be accomplished in and around the crowded parts of London. That perfect success is hardly possible will appear from the failures which have mingled with the past achievements of the Association; but after making every deduction we may rest assured that the total sanitary gain from these improvements will repay a considerable outlay upon them.

HYGIENE IN POLAND.

THE medical faculties and press of Poland are deservedly renowned, especially, of course, in countries such as Russia and Bohemia, where their language is read. There has not, we believe, hitherto existed any popular journal in Polish dealing with sanitary matters from a scientific point of view. This want is now being met by the publication of a new monthly journal entitled *Zdrowie* (Health), the first number of which contains several interesting and instructive articles, among which we may mention the following. "On the Bath and its proper use in the case of both New-born and other Children." The writer describes the action on the skin, explains the importance of cleanliness, and alludes to the danger of employing water at too high a temperature. He also speaks of the use of salt-water bathing in rickets, which he terms the English Disease, and of which he explains the etiology and symptoms, with general directions for dealing with rachitic children. In an article on Mortality in Galicia are exhaustive tables and two excellent maps, showing by colours at a glance that the south-eastern portions of that province are the most unhealthy. The district in which the highest mean death-rate for five years (1878–1882) is noted is Horodenka, where it was 50·8 per mille, the lowest (26·8) being presented by Grybow. There are also articles on the Milk-supply of Warsaw, and on School Desks; likewise one on Cheap Dinners for Elementary Schools, in which an account is given of the English penny dinners at Board schools. A similar plan was tried in Warsaw, and it was found that they could be supplied at about the same price. We may be allowed to express a hope that this excellent journal will not suffer the same fate at the hands of the Russian censorship as its St. Petersburg namesake, to the suppression of which we have already alluded.

TESTING FOR COLOUR-BLINDNESS.

CONSIDERABLE dissatisfaction is, and we think with reason, expressed by the men engaged on various lines of railway, at the mode in which the test experiments for colour-vision are conducted. It is stated that many of these trials, in which specimens of wool are used, are made by gas-light. But the large proportion of red and yellow rays in the light produced by the combustion of gas renders it extremely difficult to distinguish between shades of blue and green Magenta, again, which is of a reddish colour by day-light, is of a deep violet tint by lamp- or gas-light. So far therefore as the testing is exercised on wool, day-light should invariably be used, but it is different in the case of light, whether from gas or oil, which is transmitted through coloured glass. Such light is that which is ordinarily employed for signalling, and no complaint could be made if the guards and drivers were required to recognise various shades of blue, green, and red afforded by the light of an oil-lamp or of a gas-jet transmitted through such medium.

THE TEMPERANCE ESSAY PRIZEMAN.

THE Council of the Medical Temperance Association, on breaking the seal of the envelope marked with the motto to which their 100 guinea prize was last week awarded, found that the successful essayist was Mr. H. A. W. Coryn. The prizeman is a student of Charing-cross Hospital, and is a son of Mr. W. J. Coryn, M.R.C.S., of Acre-lane, Brixton. Three other competitors received from the adjudicators honourable mention—namely, Mr. R. W. Boyce, of University College; Mr. A. E. Norburn, of Guy's Hospital; and Mr. Hastings Gilford, also of Guy's Hospital.

THE PROSECUTION OF HERBALISTS.

LAST week, at Croydon, a herbalist calling himself "Professor" Stephen Jarrett was summoned at the Police-court, at the instance of the Commissioners of the Inland Revenue, for selling certain medicines without paying duty on the same, contrary to the statute. Four informations were laid against him, each for a penalty of £10. It appeared in evidence that an officer of the Inland Revenue purchased at the defendant's shop a bottle of "neuralgic mixture" and a packet of worm powders. On a subsequent occasion a second bottle of neuralgic mixture was bought, and also a box of dandelion pills. It was contended that all pills held up and recommended in any way as specifics to relieve any disorder were amenable to the Act. The defendant, on the other hand, urged that as he did not profess to practise any particular art in compounding the neuralgic mixture, which consisted only of one simple thing diluted with water, he was not liable. The Mayor, after fully considering the evidence, and after hearing the arguments

adduced on either side, decided that there had been a distinct infringement of the Act, and fined the defendant £1 and 13s. costs on each summons—in all £6 12s. We must confess that we have little or no sympathy with the provisions of the Medicines Stamp Act, but this is clearly an exceptional case, and we are glad to find that its provisions have been enforced. The number of so-called herbalists is greatly on the increase all over the country, and it is satisfactory to learn that steps are being taken to check their powers of doing mischief.

COTTAGES FOR RURAL DISTRICTS.

MR. WILLIAM MENZIES is the author of a book (published by Welham Clarke, Windsor) which contains a number of plans of cottages for the working classes, foremen, bailiffs, and head gardeners, with the necessary specifications. The work has been carefully done, but is nevertheless, we think, capable of some modification and improvement. Thus, in the plan of a single cottage and of a double cottage, rooms are shown which possess no fireplace. The single cottage, which is suitable for a foreman, does not appear to be provided with either an earth-closet, a watercloset, or a coal-cellar; in that suitable for a bailiff or head gardener no coal-cellar is shown, and there is an absence of cupboard accommodation which would be required for a house of that size. The linen-closets shown in a plan of double cottages and of a row of four cottages should, we think, have a window in the external wall. A few other points may be noted. In the specifications the concrete foundations are required to be one foot in depth; it is, however, obvious that the depth must vary with the character of the subsoil. Again, there is no provision for the trapping of the sink waste-pipe. It is true that the pipe is required to discharge over a gully-trap on the outside of the house, but in course of use it must necessarily become foul, and, without a trap, perhaps somewhat offensive. Altogether, however, the cottages are well planned, and the book, which contains drawings of cottages of all kinds, will doubtless be found useful to those who are proposing to erect dwellings of this character.

MITRAL STENOSIS AND LEAD-POISONING.

THE influence of saturnine intoxication on the various tissues of the body is a subject that merits even further attention than it has yet received. Neurologists are acquainted with a variety of nervous diseases clearly the outcome of lead-poisoning; and Dr. Gowers has, we believe, asserted that no symptom of nervous disease may not be due to lead. Vascular lesions have long been known to be caused by the prolonged action of this metal; and now M. Duroziez suggests that a limited lesion of the heart—mitral stenosis—may in a certain number of cases be due to the same far-reaching cause. The suggestion arises from his having observed several cases of mitral obstruction in house-painters, compositors, and certain polishers.

LAMPS IN BEDROOMS.

DR. LEY, of Newton Abbott, Devon, attributes a recent case of death by suffocation to the fumes of a lamp burnt during the night in a small bedroom. This is a most perilous way of lighting an apartment of limited capacity, and where there are no means of ventilation the use of lamps ought to be wholly interdicted. The naked flame of a candle is naturally dreaded in any room so full of light fabrics as a bedroom. Gas renders the atmosphere impure and overheated. It is difficult to make a useful suggestion, but clearly a lamp is full of peril. After all, perhaps the candle, protected by a glass shade or chimney, is the least objectionable of common appliances.

PRINCESS CHRISTIAN.

IT is satisfactory to find that Her Royal Highness Princess Christian has sufficiently recovered from her protracted illness to move from her bed to the couch, though at present the improvement is not sufficient for change into another room. The prostration of the nervous system from which it is believed the Princess has mainly suffered is a malady very slow of repair, and frequently arises from causes which are difficult to eradicate. Cumberland Lodge, the permanent home of Prince and Princess Christian, is a somewhat gloomy abode for a patient to whom a change of scene and habits of life are among the most important means of relief. A Royal personage is somewhat unfavourably circumstanced for efficient medical and general treatment. A limited acquaintance and few really intimate friendships preclude the possibility of social change and relaxation such as are within the range of less distinguished persons. Moreover, a change from home, with all appurtenances of Royalty, is an expensive undertaking, and the country has not been too liberal to this branch of the Royal family.

PARENCHYMATOUS NEURITIS IN TYPHOID FEVER.

THAT parenchymatous neuritis should occur in typhoid fever ought not to be regarded as altogether remarkable. M.M. Pitres and Vaillard have found changes in peripheral nerves which must be ascribed to neuritis. They do not indicate the frequency of such inflammatory changes in cases of typhoid fever, but they remark that the neuritis may be slight and transitory, or profound and lasting, when the key may be given to the explanation of certain paralyses occurring after typhoid fever, and which have not unfrequently been ascribed to lesions of the central nervous system. It has recently been shown that nervous changes are very frequently present in severe cases of typhoid fever, and indeed in any continuous fevers that are of much severity; also that there is some kind of alteration in the electrical reactions of the muscles. It is possible that the symptoms observed ought to be attributed to the actual presence of a fugacious and slight parenchymatous neuritis.

THE ABERDEEN INFIRMARY.

THIS knotty question has been the subject of a long discussion in the quarterly court of governors, but without receiving any satisfactory solution. A motion by Dr. Struthers, proposing to remit back to the committee instructions to proceed with the consideration of the reconstruction of the present building or to get plans or sites for a new one, was lost, and one by Sheriff Wilson of a temporising character, committing the governors to nothing till the managers have decided on the exclusion of contagious diseases and the number of patients to be provided for, and requesting further reports from the Committee of Management was carried.

"CHRISTMAS DAY IN A MADHOUSE."

UNDER this heading our contemporary the *Globe* gives a piquant account of the visit of one of its "amateur" contributors to St. Luke's Hospital on Christmas Day. There is nothing remarkable in the sketch—which is pleasantly written—except it be the *naïveté* of the amateur's profession of awe at entering an asylum, we must premise for the first time, and of his surprise at not finding the place a pandemonium and its officials ruffians trusting to physical force for the enforcement of discipline. It seems that a certain section of the public have yet to learn that insanity is a *disease*, or rather a class of diseases; and that the symptoms vary with the case. The worst patients, and those who

are capable of doing the greatest mischief if left to themselves, are often the quietest, and to the unskilled observer commonly the most sane. The days have long passed in which a "madhouse" meant a menagerie of raging lunatics, with "keepers" armed with instruments of coercion, or even torture. Nowhere, in this country at least, will the "amateur" find anything to "shock his feelings," or of which *he* is likely to make indignant complaint.

CHOLERA INTELLIGENCE.

SOME two weeks ago cholera was reported to be present in the neighbourhood of Venice, and during the past eight days stokers on board the Austrian Lloyd steamships between Venice and Trieste have conveyed the disease to the latter port, where at least two cases have terminated fatally. Considerable precautionary measures are being taken by the Trieste authorities, and, subject to the approval of the Austrian Government, all intercourse with Venice, whether by land or sea, will be prohibited. The most important feature of these appearances of cholera in the northern Adriatic ports lies in the prospect of a recrudescence of the disease next summer. The outbreak on board the steamer *Dorunda*, which conveyed emigrants to South-Western Australia, has not yet finally ceased, but news from Brisbane is to the effect that it is rapidly disappearing.

COTTON-WOOL AS A SURGICAL DRESSING.

As President of the Academy of Medicine and one of the honorary surgeons to the Hôtel Dieu of Paris, M. Alphonse Guérin has lately published a volume of 400 pages on Cotton-wool Dressing and its application to Surgical Therapeutics ("Du Pansement Ouaté et de son Application à la Thérapeutique Chirurgicale." Baillière. 1885.). The historical interest and practical merit of the work are unequal. Its claim to priority cannot be conceded without injustice to Burggraeve and other authors; but Guérin is an enthusiastic advocate of elastic compression, immobility, and infrequent dressing. He employs a large quantity of cotton-wool and many bandages, and attributes great importance to filtering the air so as to deprive it of germs, in which he appears to be as great a believer as Pasteur himself.

UNILATERAL ŒDEMA.

A CASE is reported by Dr. Bassi in the *Rivista Inter. di Med. e Chir.*, in which an hysterical young woman presented the curious phenomenon of a unilateral œdema that appeared with each menstrual period. There was no other derangement of general health, although the patient is described as delicate. The œdema was absolutely limited to the right half of the body, but there was no alteration in the colour, the temperature, or the sensitiveness of the two sides, although less irritation was necessary to produce reddening of the skin on the right side. Concurrently with this temporary œdema there were signs of congestion of the lung on the same side, and the right ovary was painful. Complete anæsthesia of both corneæ and of the fauces was observed.

THE CORONERSHIP OF NEWCASTLE-ON-TYNE.

WE regret to see that the just claims of the profession in Newcastle to the office of the coronership are likely to suffer at the approaching election by the fact of two medical men competing. Both are men of standing, and either will make a good coroner. But for both to go to the poll is to ensure the defeat of the profession. Let us hope that one will give way. As our Newcastle correspondent says, Alderman Newton's public claims are very strong, and it would be a gracious act in Mr. Hardcastle to withdraw.

MENINGO-ENCEPHALOCELE.

A REMARKABLY large meningo-encephalocele springing from the region of the anterior fontanelle, in a female child aged two months and a half, was shown before the Medical Society of the Mauritius by Dr. Laurent, a graduate of the University of London. The shape of the tumour was reniform, and it had somewhat the aspect of an elephantoid scrotum, and was pediculated. It was twice the size of the fœtal head. The tumour was removed with strict antiseptic precautions, but the infant collapsed. The mother of the child had been shocked, when she was in the second month of pregnancy, at the sight of an elephantoid scrotum exhibited to a crowd by a drunken man.

OVARIOTOMY IN CAGLIARI.

THE first ovariotomy in the capital of the island of Sardinia was performed on Sept. 2nd by Dr. Angelo Roth. The patient, aged twenty-three, single, had suffered for six years from a right ovarian cyst. This contained twenty-two litres of thin liquid, and was removed through an incision ten centimetres in length. The pedicle was tied in three portions and dropped into the cavity. No drainage-tube was used, but tollette of the peritoneum preceded the use of sutures. Under an antiseptic dressing cicatrisation was complete on the seventh day.

PRURITUS.

SOME cases of pruritus of the vulva and anus are of very obscure origin. Neither local mischief, intestinal, vaginal, hepatic, renal, neurotic, or other disorders can be made to account for them. M. Brown-Séquard believes that coffee may have something to do with the production of the condition in some cases, since he has seen relief follow the removal of coffee from the dietary in two instances.

FROM the report of the examination made by Colonel Sir Francis Bolton of the water supplied by the several metropolitan water companies during the month of November, 1885, it appears that the Thames water sent out by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies contained a larger proportion of organic matter than in any month during the last three years. This sudden change in the quality of the supply is due to the prolonged floods which have prevailed in the river. The water drawn from the Lea and distributed by the New River and East London Companies also exhibited a marked increase in organic matter, the proportion, however, being less than in any of the Thames waters. All the samples, with the exception of that of the Grand Junction Company, which was slightly turbid, were clear and bright on delivery. The number of micro-organisms found by the gelatine process in one cubic centimetre of the waters of the various companies was as follows:—Chelsea, 3; West Middlesex, 5; New River, 11; East London, 14; Lambeth, 26; Southwark, 32; Grand Junction, 40; River Lea (unfiltered), 954; River Thames (unfiltered), 1866.

THE death is announced of Dr. Albert H. Smith, of Philadelphia, which took place on Dec. 14th. Dr. Smith was in his fifty-first year. He was one of the founders of the Philadelphia Obstetrical Society, and contributed largely to the literature of midwifery and gynæcology.

THE Moscow popular medical journal, *Doktor*, will next year change its name to *Novosti Terapii* (Novelties in Therapeutics), and will deal with the progress of therapeutical science and with the literature of the subject.

THE Russian Red Cross Society is sending to Bulgaria and Servia two "sanitary corps," each of which consists of six military surgeons, six feldschers (hospital sergeants), and twelve Sisters of Mercy. These last belong to the George and Alexander sisterhoods, and most of them served in the Russo-Turkish campaign, and have therefore considerable practical experience.

THE Russian *Viedomosti* reports that the local administrative body of a division or county of the province of Kursk have dismissed two female doctors it had engaged, because the Provincial Medical Committee informed it that female practitioners were incompetent to take charge of a district, being only allowed to treat women and children.

THE first Lettsomian Lecture will be delivered at the Medical Society on Jan. 4th at 8.30 P.M. Mr. Jonathan Hutchinson will treat of the mutual relationship of different forms of primary venereal sore, the causes of phagedæna in primary sores, recurring chancres, and different forms of bubo.

A PRESENTATION of plate has been made to Dr. Protheroe Smith by the medical staff of the Hospital for Women, Soho-square, on his retirement as Physician and appointment as Consulting Physician to the hospital.

IN the *Gazzetta degli Ospitali* (Nov. 18th), Dr. Miliotti relates two cases of rapid cure of sciatica by congelation with ethylic ether.

DR. WEBER LIEL, Professor of Otology in Jena, has been obliged by ill health to resign his post.

DR. METZGER of Amsterdam has been to Rome to give the Pope the benefit of his advice.

Pharmacology and Therapeutics.

THE ELIMINATION OF BISMUTH.

M. HANS MEYER has poisoned mammals and birds by injecting under the skin or into a vein large quantities of the salts of bismuth. At the necropsy the large intestine and its surroundings were seen to be of an intense black colour; often there existed also large tracts of necrosis of the mucous membrane of the large intestine, whilst the stomach and small intestine preserved their normal appearances. Chemical analysis of the wall of the intestine and of the contents has demonstrated that the digestive tube all along serves as an excretory surface for bismuth, but that this elimination takes place much more actively at the surface of the large intestine, and that the metal is excreted in the form of a sulphide. By previously making the animals ingest preparations of sulphur, the elimination of bismuth was augmented in the stomach and small intestine, and the wall of the stomach became pigmented of a deep black colour. The author concludes from these facts that the presence of sulphuretted hydrogen favours the elimination of the bismuth by precipitating the metal from the capillary circulation of the intestine in the form of the insoluble sulphide, which plays the part of a foreign body. If this precipitation does not take place, the metal re-enters the circulation, and is eliminated largely by the kidneys. As the necrotic tracts and ulcerations are met with almost exclusively in those portions of the digestive tract where the pigmentation obtains its greatest intensity, the conclusion is naturally arrived at that the precipitation of the bismuth in the thickness of the intestinal mucous membrane has caused the necrosis and ulceration by the precipitate blocking the capillaries and vessels of the parts concerned. Further, if the animals are made to ingest simultaneously salts of bismuth and substances that disengage sulphuretted hydrogen, neither necrosis, ulceration, nor pigmentation of the intestine occurs, evidently because the bismuth and sulphuretted hydrogen in combining mutually neutralise each other. According to Hans Meyer, also, it is probable that in mercurial poisoning the inflammation and necrosis of the gastro-intestinal mucous membrane depend, in a similar manner, on putrid fermentations which disengage sulphuretted hydrogen. It is well known that the prevention of mercurial stomatitis by the use of dentifrices and antiseptic lotions is due to their property of preventing the processes on which the development of sulphuretted hydrogen is dependent.

TSUCHIAKABI.

This drug is the fruit capsule of an orchid indigenous in Japan, and used there for a long time past. The capsules possess an acid and bitter taste, and contain a substance which is largely soluble in water. By treatment with spirit, an extract can be obtained which has a sharp but not unpleasant taste. It is composed of a resin, acid and glucoside, to which is probably to be attributed its medicinal properties. The urinary bladder and passages are the parts of the body on which the medicament exerts its special action. The Japanese employ a watery extract of this drug, which would be administered in those cases for which cubebs and copaiba are prescribed, with the advantage of the absence of the disagreeable odour of the last-named drug.

CASCARILLA BARK.

An alkaloid almost identical with choline has been discovered in the bark of cascarilla by Professor Boehm. The bitter crystalline cascarillin may be converted into an amorphous resin that still retains the poisonous properties of the crystalline substance, which is a nerve poison. The essential oil of cascarilla is a third constituent of the bark, but it has no noteworthy physiological action.

CORROSIVE SUBLIMATE FOR HYDROCELE.

Sarrazin reports on five cases of hydrocele that he has treated by injection of a solution of corrosive sublimate of the strength of 1 in 1000. The advantages are the harmlessness of the solution, and the circumstance that suppuration is never excited, a simple form of adhesive inflammation being provoked. All the five cases were completely successful.

GEOLINE.

Geoline is very much like Vaseline in general appearance, and it is employed for much the same purposes. It is said never to turn rancid. We have examined a sample of this product of petroleum, and it appears to us to possess all the advantages that are claimed for it; under most favourable circumstances for decomposition we have found it to retain its purity.

THE INTERNATIONAL MEDICAL CONGRESS.

THE special announcement of this Congress has reached us. It is issued by the executive committee, who intimate that they have nearly completed the arrangements for the meeting, and anticipate the hearty co-operation of the profession everywhere in developing "this great scientific and humanitarian assembly."

The following letter has been addressed by Dr. Sayre to F. S. Dennis, M.D., Associate Secretary-General of the Congress:—

"285, Fifth Avenue, N.Y., Dec. 1st, 1885.

"DEAR DOCTOR,—I have just been informed that there is a current rumour that I have resigned from the International Congress, and that I have refused to have anything to do with the meeting. This statement is so absolutely untrue that I write you at once, and request you to correct the erroneous impression as far as possible. I resigned from the committee of arrangement on account of my health not permitting me to perform the arduous duties connected therewith; but I have gladly accepted the position of vice-president, and am delighted to know that there is every prospect of a most successful meeting.

"Very respectfully,

"LEWIS A. SAYRE."

The following is the list of officers nominated for election by the Congress:—President of the Congress: Austin Flint,

M.D., LL.D., New York. Vice-Presidents of the Congress: W. O. Baldwin, M.D., Montgomery, Alabama; Wm. Brodie, M.D., Detroit, Michigan; W. W. Dawson, M.D., Cincinnati, Ohio; E. M. Moore, M.D., Rochester, N.Y.; Tobias G. Richardson, M.D., New Orleans, Louisiana; Lewis A. Sayre, M.D., New York, N.Y.; J. M. Toner, M.D., Washington, D.C.; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy; the Supervising Surgeon-General of the United States Marine Hospital Service. Secretary-General of the Congress: Nathan S. Davis, M.D., LL.D., Chicago, Illinois. Associate Secretary-General: Frederic S. Dennis, M.D., New York, N.Y. Treasurer of the Congress: E. S. F. Arnold, M.D., New York. Chairman of the Finance Committee: Richard J. Dunglison, M.D., Philadelphia.

We are glad to note a decidedly different tone and spirit in several of the leading medical journals of the States in this matter, expressing a wish for the settlement of differences and a willingness on certain conditions for hearty co-operation. This does not surprise us. Our estimate of the good sense and feeling of our Transatlantic brethren has never permitted us to believe that such a catastrophe and discredit as the failure of the Congress on its removal to Europe could happen. There seems now every prospect that differences will be adjusted, and adjusted at home, by a little giving and taking on each side, of a controversy in which both sides have meant well.

WILLS OF MEDICAL MEN.

THE will and codicil of Stephen Monckton, M.D., late of Maidstone, Kent, who died on September 30th last, were proved on Nov. 21st by Mr. Robert Monckton, the brother, Mr. Joseph Arthur Burrell, and Mr. Stephen Launcelot Monckton, the son the executors, the value of the personal estate amounting to upwards of £29,000. The testator bequeaths £100 and all his furniture and effects to his wife, Mrs. Maria Monckton; the goodwill and benefit of the connexion of his practice as a medical practitioner, with all his books and professional appliances, to his son, Henry Holland Monckton; £1000 upon trust for his sister, Miss Maria Monckton, for life, and then for the lineal descendants of his father, Mr. Jonathan Monckton, as she shall appoint; and £50 to each of his executors. The residue of his real and personal estate is to be held upon trust to pay the income to his wife for life, and then for his son, Stephen Launcelot Monckton, absolutely. The provision made for his wife and children is in addition to that made for them by his marriage settlement, which he confirms.

The will and codicil of Mr. John Gay, F.R.C.S., formerly of No. 34, Finsbury-pavement, but late of No. 51, Belsize-park, Hampstead, who died on September 15th last, have been proved by Mrs. Elizabeth Gay, the widow, and Mr. John Gay, the son, two of the executors, the value of the personal estate amounting to over £23,000. The testator bequeaths his plate, jewellery, pictures, furniture, effects, and all his money at the Union Bank, to his wife; £1000 to his daughter, Florence Elizabeth Gay; and legacies to two servants. The residue of his real and personal estate he leaves upon trust for his wife for life or until she shall marry again, and then as to one-third for each of his three children, John, Arthur William, and Florence Elizabeth.

The will of David Chalmers, M.D., late of Liverpool, who died on August 21st last, at Lambeth-road, Southwark, was proved on the 25th ult. by Mr. Anthony Wigham Chisholm, the brother, and Mr. Thomas Chilton, the executors, the value of the personal estate amounting to over £18,000. The testator gives £200 to his wife, Mrs. Ellen Chalmers, and all his plate, pictures, books, furniture, and household effects, and £400 per annum to her for life. The residue of his real and personal estate, including the considerable real estate purchased by him in Colorado, he gives to his three children, Thomas Dodson, Harriet Weatherhead, and Harold, in equal shares.

The will of Francis Harris, M.D., late of No. 24, Cavendish-square, and of The Grange, Lamberhurst, Kent, who died on the 3rd September last, was proved on Nov. 10th by Mr. Charles Edward Harris and Mr. Charles Quincey Roberts, the nephew, the executors, the value of the personal estate exceeding £15,000. The testator bequeaths the cash at his bankers, his residence, No. 24, Cavendish-square, and all his jewellery, plate, pictures, furniture, effects, wines, horse, carriages, live and dead stock, to his wife, Mrs. Marianna Harris; £200 to each of his executors; and £4000 Government stock upon trust for his brother, Joseph Robert Harris, for life. His real estate at Lamberhurst, subject to a right given to his wife to use and occupy the mansion-house, The Grange, for life, he devises upon trust for his son Owen. The residue of his personal estate he leaves upon trust for all his children in equal shares.

The will of Mr. Augustus Law, Surgeon in the Peninsular and Oriental Company's service, late of No. 14, Woburn-place, who died on October 10th last, has been proved by Miss Sarah Matilda Law, the half-sister, and Mr. Stephen Hugh Grestock, the executors, the value of the personal estate amounting to over £4,000. The testator bequeaths £400 each to his step-mother, Mrs. Sarah Ann Law, and to his god-daughter, Florence Harriet Hogg; £500 to Mrs. Mary Annie Harriet Quayle; £300 to his niece, Mrs. Eliza Phillips; and a complimentary legacy to his executor, Mr. Grestock. All his real estate, if any, and the residue of the personalty, he gives to his said half-sister.

The following legacies have recently been left to hospitals and other medical institutions:—Mr. Abraham Altham, of Burnley, Lancashire, tea merchant, £500 towards erecting a children's ward at the Victoria Hospital, Burnley, and £500 to the endowment fund of the said hospital, if he has not given such sums in his lifetime.—Mr. William Augustus Guy, M.B., F.R.S., F.R.C.P., of No. 12, Gordon-street, Gordon-square, £250 each to King's College Hospital, and King's College Hospital Convalescent Institution; and on the death of his wife, or twenty-one years after his death, which shall first happen, one half of a moiety of the residue of his real and personal estate, which is left upon trust for accumulation in the meantime, to King's College Hospital Convalescent Institution.—Mr. William Hunt, J.P., formerly Mayor of Bath, late of No. 72, Pulteney-street, Bath, £25 to the Bath Royal United Hospital.—Mrs. Mary Blackden, of No. 6, Norfolk-crescent, Hyde Park, £300 to the Convalescent Institution, Walton-on-Thames; and £200 to St. Mary's Hospital, Paddington.—Mrs. Louisa Brooke Blake, formerly of Andersey, St. Mary Church-road, but late of Sunnylands, St. Mary Church, both in Torquay, £100 to the Torbay Infirmary and Dispensary.—Mr. Joseph Stevens, of the firm of Whiteley, Stevens, and Co., lace merchants and manufacturers, late of Stapleford and Nottingham, Nottinghamshire, and of Sandiacre, Derbyshire, £1000 to the Nottingham General Hospital; £500 to the Midlands Institution for the Blind, Nottingham, and £100 each to the Nottingham and Midlands Eye Infirmary, Nottingham, and the Nottingham Dispensary, Broad-street, Nottingham.—Mr. Henry Aste, of Castle-hill Lodge, Norwood, £200 to University College Hospital; £100 each to the North London Consumption Hospital and the Royal Hospital for Incurables, Putney; and £20 to the Margate Sea-bathing Infirmary.—the Right Hon. Katherine Anne Viscountess Cranley, of No. 2, Downe-terrace, Richmond, one moiety of £1000 consols to the Hospital for Consumption, Brompton.—Miss Maria Hebden, of No. 15, Compton-terrace, Islington, £100 each to the Holloway Dispensary, Islington, and the Society for Incurables, Clapham-rise.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Portsmouth Urban District.—The account which Dr. Sykes gives of Portsmouth is in several important respects one of considerable gravity. The past year is stated to have been a more favourable one, as regards enteric fever than any in the sanitary history of the borough. Yet 539 cases were notified, and 58 deaths occurred. And unfortunately the conditions ensuring the maintenance

of this disease remain. There has been a bye-law in force since 1870 which provides that every cesspool shall be made water-tight, properly covered in, and ventilated; and yet Dr. Sykes says he has failed to find one such properly constructed receptacle in the borough, and the consequence is that building which is going on in the undrained portions of the district is leading to a pollution of the soil which, at the very least, must last for many years to come. Diphtheria, too, has been very prevalent, 174 cases having come to the notice of the sanitary department. And this is not all. In this borough, which may at any time receive the infection of cholera from abroad, we read not only of soaking and ill-constructed cesspools and of undrained areas, but in parts of the town the old-fashioned and highly objectionable pit-privy exists, the hole being emptied at rare intervals only, and the fluid escaping at times under the foundations of the houses to which the structures belong. Last year, H.M.S. *Crocodile* arrived at Portsmouth having had cholera on board, but fortunately the disease was over long before she entered the port. The same good luck may not attend the next arrival, and the conditions we have described will, unless speedily removed, go far to aid in the spread of the infection. Fortunately a great scheme of sewerage is in contemplation. Portsmouth has a hospital for infectious diseases, but, to say nothing of a large prevalence of measles, there were 974 cases of the other infectious fevers notified to the authority, and yet only twenty-two cases were admitted for the purposes of isolation. Surely, something is very wrong here, either in the way of restrictions to admission, or else in the failure to remove some cause which deters people from allowing first cases of infectious disease to be properly isolated. The annual death-rate for 1884 was 19·2; the average for ten years having been 19·8.

Birkenhead Urban District.—This borough, with a population of 90,870, had in 1884 a birth-rate and death-rate of 38·06 and 19·46 per 1000 respectively, the latter comparing favourably with the large cities and towns of England. The zymotic rate was 2·2 per 1000, which is also by no means unsatisfactory. Small-pox was epidemic in Liverpool during a considerable portion of the year, and communication between the two places is all but continuous; the disease was again and again imported, and some ninety cases were removed to the isolation hospital, but the prevalence did not make any considerable headway. Of the vaccinated 3·4 per cent. died, the fatality amongst the unvaccinated being at the rate of 38·0 per cent. Under the system of compulsory notification in force, 1463 cases of infectious disease came under notice. Uncertified deaths are unfortunately on the increase in the borough, and, as a natural consequence, the public have no guarantee as to the proceedings which preceded death. A very large amount of valuable sanitary work is steadily in progress in the borough; but as regards overcrowding in common lodging-houses and night occupation of cellar-dwellings, Mr. Vacher very properly points out that, in the absence of a night inspector, his department cannot regard the supervision exercised as in any way complete. The isolation hospital did good service during the year; the compulsory notification system has not led to the secreting of cases, and so to the production of an apparently increased death-rate; and a considerable amount of disinfection of dwellings and of infected articles was carried out by competent officials. Under the Birkenhead Improvement Act of 1884, cowkeepers and others are required to furnish lists of customers in certain cases, and the authority are empowered, when notifying to a person to abate a nuisance, to prescribe the description of the acts or work required to be done or of the materials to be used. Provisions of this sort are of the utmost importance to efficient sanitary administration, and, provided they are surrounded by a reasonable amount of safeguard, they ought to, and probably will some day, be included in an Act which shall have universal application.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 4543 births and 3289 deaths were registered during the week ending Dec. 26th. The annual death-rate in these towns, which had been 20·3 and 23·0 per 1000 in the preceding two weeks, declined last week (owing in great measure to delay in registration due to the Christmas holidays) to 19·3. During the first twelve weeks of last quarter the death-rate in these towns averaged only 19·6 per 1000, and was 2·8 below the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 13·6 in Brighton, 14·2 in Leicester, 15·1 in Hull, and 16·0 in Norwich. The rates in the other towns ranged upwards to 25·8 in Cardiff, 26·3 in Birkenhead, and 28·4 in Bolton. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 352 and 419 in the previous two weeks, declined again to 395 last week; they included 126 from whooping-cough, 122 from measles, 55 from scarlet fever, 34 from diarrhœa, 30 from "fever" (principally enteric), 24 from diphtheria, and 4 from small-pox. No death from any of these zymotic diseases was recorded last week in Wolverhampton, whereas they caused the highest death-rates in Liverpool, Salford, and Bolton. The greatest mortality from whooping-cough occurred in Brighton and Bolton; from measles in Birmingham and Nottingham; from scarlet fever in Leicester, Sunderland, and Preston; and from "fever" in Salford. The 24 deaths from diphtheria in the twenty-eight towns included 14 in London, 2 in Liverpool, and 2 in Salford. Small-pox caused 3 deaths in Liverpool and 1 in Bristol; but no death from this cause was registered in London and its outer ring, or in any of the twenty-five other provincial towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had declined in the preceding seven weeks from 90 to 50, had further fallen to 48 on Saturday last; the small-pox cases admitted to these hospitals, which had been 6 and 13 in the previous two weeks, fell again to 9 last week. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding two weeks from 413 to 503, declined again last week to 384, and were 153 below the corrected average. The causes of 85, or 2·6 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton and Plymouth. The largest proportions of uncertified deaths were recorded in Oldham, Halifax, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 24·4, 23·7, and 24·1 per 1000 in the preceding three weeks, declined to 22·9 in the week ending Dec. 26th; this rate, however, exceeded by 3·6 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 10·6 in Leith and 18·7 in Dundee, to 24·9 in Glasgow, 26·6 in Perth, and 35·2 in Paisley. The 560 deaths in the eight towns showed a decline of 28 from the number in the previous week, and included 12 which were referred to whooping-cough, 9 to scarlet fever, 9 to diarrhœa, 6 to diphtheria, 4 to measles, 2 to "fever" (typhus, enteric, or simple), and 1 to small-pox; in all, 43 deaths resulted from these principal zymotic diseases, against 56 and 51 in the preceding two weeks. These 43 deaths were equal to an annual rate of 1·8 per 1000, which was 0·5 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 12 and 7 in the previous two weeks, rose again to 12 last week, and included 9 in Glasgow and 2 in Aberdeen. The deaths from scarlet fever, on the other hand, which had been 9 and 15 in the previous two weeks, declined again to 9, of which 5 occurred in Glasgow and 2 in Edinburgh. The 9 deaths attributed to diarrhœa showed a further decline from recent weekly numbers, and included 3 in Edinburgh, 2 in Greenock, and 2 in Perth. Both the deaths referred to "fever" and 5 of the 6 fatal cases of diphtheria were returned in Glasgow. The 4 deaths from measles included 2 in Paisley, and exceeded the numbers in recent weeks. The reported death from small-pox was a death referred to chicken-pox in Aberdeen. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 178 and 175 in the preceding two weeks, further declined last week to 151, and were 27 below the number in the corresponding week of last year. The causes of 90, or more than 16 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 24·7, 31·0, and 34·4 per 1000 in the preceding three

weeks, declined to 22·8 in the week ending Dec. 26th. During the first twelve weeks of last quarter the death-rate in the city averaged 26·1 per 1000, the mean rate during the same period not exceeding 19·0 in both London and Edinburgh. The 154 deaths in Dublin last week showed a decline of no fewer than 79 from the high number returned in the previous week; and included 16 which were referred to the principal zymotic diseases, against 15, 23, and 28 in the preceding three weeks. Of these 16 deaths from zymotic diseases, 10 resulted from whooping-cough, 4 from "fever" (typhus, enteric, or simple), 2 from scarlet fever, and not one from small-pox, measles, diphtheria, or diarrhœa. These 16 deaths were equal to an annual rate of 2·4 per 1000, the rate from the same diseases last week being equal to 2·6 in London and 1·2 in Edinburgh. The fatal cases of whooping-cough, which had increased from 5 to 15 in the previous four weeks, declined again last week to 10. The deaths referred to "fever," which had been 7 in each of the previous two weeks, declined to 4 last week; and the 2 fatal cases of scarlet fever also showed a decline from the numbers in recent weeks. Five inquest cases and 5 deaths from violence were registered; and 39, or more than a quarter of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons showed a considerable decline from the numbers in the previous week. The causes of 25, or 16 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

DR. MACGILLIVRAY'S CASE OF REMOVAL OF AN ENFIELD BULLET (CRIMEAN) WHICH HAD LODGED FOR MORE THAN THIRTY YEARS IN THE INTERNAL CONDYLE OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—A very interesting report appeared in THE LANCET of Dec. 12th (p. 1087) by Dr. MacGillivray of a case in which he removed half an Enfield bullet from a deep position in the internal condyle of the femur of a sergeant of the Rifle Brigade, after being lodged there more than thirty years. According to the account given, the man had been wounded in the Crimea while he was with a party who were reconnoitring before Sebastopol, and, shortly after the injury, was removed to the Valetta Hospital. The knee-joint was said to have been opened at the time of the injury, and this alleged fact is contrasted in the report with an observation of mine, published in Holmes's System of Surgery, that "I did not think any instance occurred during the Crimean war in which the synovial capsule of the knee-joint was manifestly penetrated, and the ends of the femur or tibia fractured, where the wounded limb and life of the patient were preserved."

On reading the report I communicated with Dr. MacGillivray, and asked him whether the sergeant's name was not John S——, as I was in possession of some notes of the wound to which his knee had been subjected, written when he was in the Brompton Hospital at Chatham in Sept. 1856. The identity of Dr. MacGillivray's patient, who had asked him not to mention his name when reporting the case, and of the patient referred to in my notes, was sufficiently proved in our correspondence; but, that no source of doubt might remain, the records of the Rifle Brigade have been searched for me at the depôt at Winchester, and the conclusion previously arrived at fully confirmed. The fact is this sergeant was never in the Crimea at all. He received his injury in Malta while at rifle practice, in May, 1856, many months after Sebastopol had fallen, and after the British troops had quitted the Crimea. The sergeant only served two years and four months in the army, and his total foreign service was five months at Malta. He was discharged at Chatham on the 6th of November, 1856, the knee-joint being ankylosed at the time, but there still being a sinus leading down to bone. In giving the history which he did to Dr. MacGillivray, he no doubt thought it would excite more interest in his disability if he traced its origin to military operations in front of an enemy, instead of more peaceful circumstances, such as musketry practice at Malta. Had the man been more intimately acquainted with the state of things in the Crimea, he would not have told his surgeon that he had been injured while his company was reconnoitring before Sebastopol in May, 1855, when all the ground before the place was occupied by the trenches and works of the besiegers; nor would he have said that after the fourth day of the injury, on account of its severity, he had been removed to the Valetta Hospital, instead of to the Castle Hospital at Balaklava or Scutari. All surgeons are liable to be deceived by patients in the histories they give of occurrences long antecedent, and in making these remarks I do not of course intend to attach any blame to the reporter, or in any respect to depreciate Dr. MacGillivray's operation, which was obviously a very thorough and successful one, and of immense service to the patient.

So far as the abstract notes of the case in my possession are concerned, they tend to show that the articulation was not opened at the time of the original injury, but that the lower part of the femur was penetrated from the outer side and posteriorly, and that ankylosis occurred from the results of inflammatory action indirectly induced. Many changes must have occurred in the parts surrounding and adjoining the injured knee during the long interval since his discharge from the army in 1856, owing to irritation arising from the lodged fragment of lead, suppuration, and their consequences, which would make it very difficult at this day to determine the exact nature of the damage done at the time of the original wound. Whether, however, the joint was or was not opened at the time the injury was inflicted, so far as this particular instance is concerned—and this is the chief purpose of my letter, which I send with Dr. MacGillivray's assent—it does not militate against the observation of mine which Dr. MacGillivray quoted, for that observation had reference only to gunshot wounds of the knee occurring in time of war, and, further, under the special conditions which existed at the time of the Crimean war. I need hardly say that I am aware of many cases in which wounds with penetration of the capsule of the knee-joint have been recovered from without amputation under other conditions.

I am, Sir, your obedient servant,

THOS. LONGMORE,
Surgeon-General (R.P.), Professor of Military Surgery.

Netley, Dec. 28th, 1885.

WINTER COMFORTS FOR MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—The setting in of winter weather reminds me of an old promise to write a letter on this subject. Next to food, perhaps few things contribute more to the preservation of health than the conservation of bodily heat. Feeling the importance of the question, and having a lively conviction of the frequency with which the principles of dissipation and storage of heat are violated by English people, I venture to lay before my medical brethren a few hints which may be of value to themselves in the first instance, and indirectly through them to the public. Most medical men visit their patients either on horseback or in an open carriage, or in a brougham or by railway. There is one source of loss of bodily heat common to all classes—viz., the feet. The leather of our boots allows the heat to escape like water through a sieve. Travel as we may, when the temperature is below freezing point, as a rule our feet become cold in a very short time. When the feet are warm the whole body is warmer, and we can more readily bear exposure of the face or hands, no slight matter for those who read or write when travelling. How then are we to keep the feet warm? There are two very excellent methods. The first is the adoption of Dr. Jäger's "Sanitary Boots."[1] They are made of woven woollen material, lined with flannel, soled and tipped with leather. They lace high up above the ankle, and fit easily, so as not to interfere with surface circulation. The other method is the adoption of American snow-boots, which in this district are known as "Jemimas," and are very popular with my medical brethren. They are made of felt throughout, and are shod like a golosh. They are easily put on over ordinary walking boots and are fixed by a buckle. They cost about 7*s.*, and

[1] Jäger Clothing Company, 42, Fore-street, E.C.

can be bought at an indiarubber shop. I have given a pair to my coachman, much to his comfort in frosty weather. In a long railway journey, or in walking in snow, their value is inestimable. They are almost equivalent to an additional coat.

A medical man who visits his patients in an open gig or carriage, whenever he enters a house, leaves a warm seat, and on returning in ten or fifteen minutes finds the cushion and rug cold. By the time he reaches the next house the seat and rug are warm again, and out he gets, to let them cool down before his return; in other words, he is perpetually parting with bodily heat, which in severe weather he can ill spare, and is warming up, to very little useful purpose, inanimate material. This may be obviated by having either a hot-water bottle (of stoneware, not of metal), or one of the still more convenient indiarubber hot-water bags with a woollen cover. On his entering a house the warmer is placed on a cushion and is covered by his rug; it is placed at his feet when he returns to his carriage. If he drives in a brougham, or in a carriage in which the driver is not at his side, it is better that the hot-water bottle should be pushed to one side, or kept on the seat, protected by the rug. Such an artificial source of warmth is of more value on the seat than at the feet. To those travelling long distances by railway in cold weather it is often well to place the foot-warmer on a cushion for ten minutes covered by the rug. This gives a good start. If the journey be at night, say, with a temperature at 20°, and the traveller lies his whole length on the seat, the foot-warmer may be placed edgeways against the back of the seat, and the traveller may lie against it, receiving warmth himself and also retarding the cooling down of the hot water.

Another point akin to this subject is to have a "window ventilator" in the roof of the brougham. This is described at the end of my book, "Dangers to Health." With the roof ventilator open there is no draught, there is no need to have a single ordinary window open, even with two or three persons in the carriage, and the brougham is kept perfectly fresh. The current of air sets steadily outwards through the ventilator when the brougham is "going," except when there is a strong gale from the rear. By this combination of the roof ventilator with a warm seat, a medical man's brougham would tend to preserve, and not, as is often suspected, to impair health.

Let me urge another point upon medical men who are liable to be called up in the night—viz., that they should in severe weather have a fire in their bedroom. When called in the night they should leave their house with plenty of warmth stored up in their clothes, great-coat, rug, &c., and they should not face a chilly night, and perhaps a patient's chilly bedroom, chilled themselves at the start. Keeping this point in view, let them have a fire in their bedroom as soon as cold weather sets in, and let them take care that their fireplace is constructed on right principles. The main points are these:—1. Have no iron at the back or sides, brick or firebrick only. 2. Let the back lean over the fire, not lean away from it, as is the case with nine fireplaces out of ten. 3. Close the chamber beneath the fire by a movable shield or "economiser." The use of the "economiser" is now becoming well known, and in many towns ironmongers and blacksmiths, have learnt how to make them. With very little trouble a fire can be so mended at 11 P.M. as to keep in all night. One pennyworth of coal ought to make a fire capable of lasting eight or nine hours. There is one precaution that should be taken. Seeing that the "economiser" makes the chamber under the grate, and therefore the hearth, hotter, if there is a cracked hearth-stone or a doubt whether there be a wooden beam directly under the fireplace, it will be well to have a small ash-pan, either separate from or attached to the "economiser." Given a fire, the place for great-coat and rug would be in the room near the fire, not in a chilly and often damp entrance-hall.

The study of the properties of heat will supply us with hints to guide us in our management of the sick room. Bearing in mind that radiated heat passes through air without warming the air to reach objects to which it imparts heat, why do we ever allow a patient, say with bronchitis, in a room with a roaring fire, to lie in a sort of Arctic region of a bed, the radiant heat of the fire being arrested by a high foot-board, which sometimes gives evidence of the heat it intercepts by splitting? Let our patient *see* the fire as he lies in bed, and, if necessary, screen the off-side of the bed by a blanket stretched on a clothes-horse, which not only wards off the draught, but stores and gives off again the radiant heat of the fire. Another hint let me give about chilly beds. When in Scotland in a cold April, on a fishing holiday, night after night I could hardly get warm in bed. At last I found that the only protection against a rapidly conducting mattress was an extremely thin worn-out blanket. The ample non-conducting upper blankets and rug were of little avail against the rapid loss of bodily heat downward to the mattress. I learnt a lesson, and added a blanket over the mattress, and no more felt the cold.

I remain Sir, yours, &c.,

Leeds, Dec. 12th, 1885. T. PRIDGIN TEALE.

CRIME AND RESPONSIBILITY.

To the Editor of THE LANCET.

SIR,—On Wednesday last, at the Central Criminal Court, Henry Patrick, aged twenty-four, was put upon his trial, convicted without remark by the jury, and sentenced to death, for the "wilful" murder of Rachel Bayley. The circumstances of the crime are not in my recollection, and I cannot, therefore, make any intelligent or useful reference to the mental condition of the criminal at the time when the deed was done, but in the report of the trial it is stated that during its progress the wretched man was seized with a violent epileptic convulsion which interrupted the proceedings for about half an hour, and also that he was again seized in a similar fashion at the conclusion of the sentence. The counsel for the defence stated that his client had been for some time suffering from epilepsy, and urged that he should not be held responsible for his acts. Dr. Morgan, of Clerkenwell Prison, stated in evidence that although the man had had several epileptic seizures, he nevertheless considered him to be a man of sound mind and understanding. Had it not been for this evidence I should have said that the plea put forward by the counsel was an unanswerable one, and that the sentence was monstrous and unjust. The case, however, is one which demands the serious consideration of the authorities. The convict, although young in years, is probably old in the disease which has driven him with ruthless haste into the condemned cell, and which may have been the result of an ignorant rather than a conscious disregard of the unwritten laws of nature. From step to step this unhappy wretch may have descended from the thoughtless innocence of childhood to an equally thoughtless manhood of vicious crime. Perhaps every circumstance of life confirmed and strengthened an inherited criminal tendency. I do not know, as I have said, the circumstances of the crime, and I have the evidence of a medical practitioner who had the opportunity of observing the conduct of the convict for some time, but there seems to me to be a mistake somewhere. A prisoner gives clear and unmistakable evidence to the judge and jury that the machinery of his mind is radically deranged, and that he is suffering from a disease that is certainly at times attended by fits of distinct mania, during the occurrence of which the patient is hopelessly mad, and yet he is treated as a man of sound mind and condemned to death.

The question which arises out of such cases as that of Henry Patrick is of much interest, and great importance. The difficulties that surround it on every side are not easily overcome. Mental science, is, perhaps, of all sciences the most inexact and indeterminate. Our knowledge of the manner in which the machinery of the mind works is, with the exception of a few well-founded facts, indefinite and unsubstantial. For practical purposes the somewhat misty idealism of those who, for lack of a more expressive phrase, may be termed immaterial philosophers, is of little or no avail. What is wanted is an intelligent and careful extension of the scientific examination of material change for the purpose of assigning to each mental expression its material cause. It may be that for a time religious prejudice and superstitious fear will stand in the path of the scientific explorer, but these sentiments must fall before the irresistible force of scientific sense. At present the tests by which a man's soundness of mind is estimated are not trustworthy, because they are founded upon hypothetical assumptions and assertions which have little or no foundation in fact. A man may engage in the ordinary affairs of life, and display a fair amount of intelligence, and yet have moments of insanity when his reason is powerless to control the action of his more animal instincts. In process of time, however, the scientific explorer may

discover the physical cause of anger, of hate, and of sensuality. The brain of the man of cool and deliberate action must differ in its intimate physical elements from the brain of the man whose outbursts of passion are notorious, and whose actions are the results of impulses that are often beyond the control of the will. By patient inquiry in practical medicine, pathology, and morbid anatomy, much may be done in the direction of referring each phase of morbid mental action to its physical cause—to some hereditary defect or material change of structure that time and habit have effected. In the case of Henry Patrick there must of necessity be some deviation from the normal structure, some radical defect that interferes at stated periods with the natural movement, not only of the brain, but of the whole nervous machinery by which thought, speech, and action are maintained and directed. The answer to the question as to whether this man should or should not be held responsible for his acts ought not, in my opinion, to depend upon his every-day conduct, but upon a strict investigation into the facts of the disease from which he suffers. This may have already been made. I think, however, it should be laid down as a rule that no man who suffers from a disease which clearly and without doubt implies that his brain is more or less damaged should be held responsible for his acts.

I am, Sir, yours truly,

Bath-street, Glasgow, Dec. 21st, 1885. ROBERT MACPHERSON.

THE GOVERNMENT OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—As a Member of the Royal College of Surgeons, an disconnected with either the Press or the Society of Members of the Royal College of Surgeons, I should like to make a few remarks respecting the meeting of the Fellows and Members on the 17th ult. First, respecting the charge made by Mr. Brudenell Carter, that the meetings were the outcome of agitations of the Medical Press, I will only say that this statement was distinctly and emphatically refuted at the meeting; and if this refutation is insufficient, I am quite sure the Medical Press is strong enough for its own protection. Secondly, it has been stated by a writer in your journal that when a man takes the Membership of the Royal College of Surgeons of England he pays the fees for the diploma only, and has no more right to a voice in the government of the College than he has in indicating how his butcher or baker should conduct business. This idea is rather crude. But I will endeavour to refute it. If the butcher or baker be a man of respectability, every customer has a distinct voice as to the manner in which business shall be conducted, for if the business is not managed to the satisfaction of the customer, he at once withdraws his patronage and deals elsewhere. Again, when the butcher or baker sells so much meat or bread, the customer is at liberty to deal with it precisely as he pleases. Now, in the case of the diploma of the Royal College of Surgeons there is no analogy. For once a Member, and you are then a Member or Fellow for life, and the College very properly reserves the right of supervising your conduct and the manner in which you degrade or elevate its diploma. Now, if a man can degrade his college, surely he has an equal right to elevate it. Hence it follows that the College clearly recognises the power of its Members to degrade or elevate the College by the manner in which its individual Members conduct business. Deep degradation is usually visited with severe and speedy punishment, frequently too severe. But there are an infinite number of minor ways in which the College is degraded every day, such as shielding unqualified persons, retailing professional skill (?) for sixpence, keeping open retail establishments, making a charge for seeing the poor and needy at our hospitals, and this, too, by those who should set a higher and brighter example, and many other matters which are beneath the notice of the College; all of which minor offences do more to degrade the College and to undermine the position of its individual members than do some of the more serious offences which are usually visited with the rigour of the law. On the other hand, members who elevate the College all over the world by their own personal skill and indomitable perseverance are too frequently passed by without either recognition or reward. Thirdly, Mr. Rivington hit the right nail when he asked the question wherein the superiority of the diploma lay, when the College charged several guineas more for its diploma than do other colleges which convey equal rights and privileges, and often, I may add, superior advantages. Nowadays the value of a thing depends on how much the article will fetch in the open market. It is a notorious fact that a man from over the Border with a double diploma, costing less than the single diploma of the Royal College of Surgeons, which most unjustly entailed a double examination, can command better and more remunerative appointments. And further, without the consent of the Members of the College the Royal College of Surgeons has now combined with the Royal College of Physicians to grant a double diploma, and they seek also to confer the degree of M.D. upon those of their Members who have obtained their conjoint diploma; thereby excluding the 15,000 or 16,000 Members who have already passed the examinations of the College, not only in surgery, but many of them in medicine also. In case the combined Colleges ever obtain the powers to grant the degree of M.D. to their examinees, the time is not far distant when a Member of the Royal College of Surgeons will be practically and legally unqualified. A far more graceful act on the part of the combined Colleges would have been to have conferred the diplomas of the Conjoint Board upon all of the Members of the Royal College of Surgeons or Licentiates of the Royal College of Physicians who could produce evidence of having passed a satisfactory and complete examination in medicine, surgery, and midwifery, such diploma to be conferred without further fee or examination.

I am not one of those who would seek in any way to lower the standard of examinations or the qualifications required for the sweets of office, but the contrary. I would have but one high standard of examination, one fee, and one portal of admission to the profession for each division of the kingdom, and by such means do away with most of those petty jealousies and annoyances which one so constantly hears of, such as, "He is not a regular doctor," or "He's more than a doctor, he's a physician," &c. After all, Mr. Editor, it is not colleges nor universities of universities which make men, but it is men who make colleges, aye, and universities too, all that they ever are, ever were, or ever will be.

I am, Sir, yours truly,

Kennington-park, Dec. 21st, 1885. ALBERT S. MORTON.

"DISEASED MEAT."

To the Editor of THE LANCET.

SIR,—In reply to Professor Walley, of the Royal Veterinary College, Edinburgh, I may say that my authority for the statement that domestic animals produce no sputum is Koch, who says:[1] "Die Thiere produciren bekanntlich kein Sputum, so dass von ihnen während des Lebens aus dem Respirationswegen keine Tuberkubacillen ins Freir geliefert werden." And though I fully recognise the truth of Professor Walley's remarks, I still think that the excreta of domestic animals play a very small part in spreading tuberculosis among human beings. Professor Walley is, of course, specially qualified to speak with authority as to the frequency of tubercular mammitis in cattle. I had not seen Professor Bang's article, and I based my opinion on the statement of Koch:[2] "Da aber Perlsuchtknoten im Enter nicht sehr oft vorkommen." I may also mention that one of the leading veterinary surgeons of this town has for the past year been looking out for a case of tubercular disease of the udder, and has hitherto failed to meet with an undoubted one, though he frequently finds tuberculosis of other organs. I am therefore driven to the conclusion either that tubercular disease of the udder is not very common, or that a capable veterinary surgeon may fail to recognise it. It is not without significance in this connexion that tubercular disease of the human mamma is a very rare affection. Sir Astley Cooper, I believe, described a scrofulous disease of the breast, but I have not been able to refer to his original description. I can find no reference to tubercle of the mamma in the last edition of Holmes' "System of Surgery." In Cornil and Ranvier's "Pathological Histology"[3] the passage occurs: "We know of no example of tubercles occurring in

[1] Koch: Die Ätiologie der Tuberculose. Mittheilungen aus dem Kaiserlichen Gesundheitsamte. Berlin, 1884, p. 81.
[2] Ib., p. 82.
[3] English edition, translated by Shakespeare and Simes, 1880, p. 710.

the mammary gland." Payne[4] says: "Tubercle has not been observed to occur in the breast."

While remaining of the opinion that tubercle bacilli and their spores may, and frequently do, pass through a healthy alimentary canal without producing disease, I still recognise (especially since the report of Drs. Klein and Heneage Gibbes' experiments[5]) that the consumption of tubercular flesh involves a risk to which the public ought not to be exposed; and I am only too glad to add my voice to that of Professor Walley in asking for further legislation regarding the sale of milk, and for a more efficient system of meat inspection. The latter will never be attained until public abattoirs are provided in all towns and the numerous and scattered slaughterhouses are abolished.

I am, Sir, yours truly,

Nottingham, Dec. 23rd, 1885. H. HANDFORD, M.D.

ANATOMICAL ANOMALIES.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 19th inst. your Dublin correspondent notes an instance of a rare irregularity of the vertebral artery—namely, that in which it springs from the transverse part of the arch of the aorta. I have seen three cases of this within the last twelve months in the dissecting-room of Trinity College, the abnormality in each instance occurring in connexion with the left vertebral.

It may, perhaps, not be uninteresting to your readers if I should mention two very rare nervous anomalies which I had the good fortune to come across of late. The first was a case in which the communicans noni arose from the pneumogastric, and may probably be explained by the fact that the branch of communication between the second cervical nerve and the pneumogastric was unusually large. The descendens noni is not unfrequently found arising from the latter, but it is very rare for the communicans to do likewise.

The second is an anomaly which, so far as I am aware, has not been observed before. The nerve to the rhomboids, which arises from the fifth cervical, gave off a slender branch, descended behind the brachial plexus, and supplied the upper digitations of the serratus magnus muscle. As the rhomboid nerve usually gives one or two branches to the levator anguli scapulæ, the above abnormality derives special interest from the fact that in certain of the lower animals the serratus magnus and levator anguli scapulæ form one continuous muscle, the portion which is deficient in man being supplied by slips from the three lowest cervical vertebræ. I am, Sir, your obedient servant,

JOHN P. HENRY, B.A.,

Dublin, Dec. 21st, 1885. Assistant Demonstrator of Anatomy, T.C.D.

"ARTHRECTOMY."

To the Editor of THE LANCET.

SIR,—I notice in THE LANCET of December 26th a remark of Mr. Mayo Robson's, at the Leeds Medico-Chirurgical Society, in a discussion upon so-called "arthrectomy" of the knee. He states that, according to reports of mine, erasion, as I prefer to call it, succeeded only once in sixteen cases. As I think the operation in suitable cases a valuable one, I desire to correct this statement. In only one instance was a perfect and movable joint preserved, but in five other cases a sound though stiff limb resulted, and two more have since healed; making eight cases in which a result was obtained as good as excision in other ways, and better, in that there is an absence of shortening from removal of bone. These limbs are very difficult to keep straight among the poorer classes; but the same objection applies to excision in young children, and it is as a substitute for excision that I have brought my cases forward. I claim that half my erasions have been successful, and in suitable cases the percentage will, I believe, be much greater in the future. My notes were published in the *Medical Chronicle* for July, 1885. I am, Sir, yours faithfully,

Manchester, Dec. 29th, 1885. G. A. WRIGHT.

[4] Jones and Sieveking's Pathological Anatomy, edited by Payne, 1875, p. 788.

[5] Report of the Local Government Board, and THE LANCET, Nov. 28th, 1885, p. 1018.

LIVERPOOL.

(From our own Correspondent.)

DEPRESSION OF TRADE AND THE MEDICAL CHARITIES.

THE long-continued depression of trade and commerce has had a very serious effect upon the finances of our local medical charities. The Eye and Ear Infirmary, though most economically conducted, is seriously crippled in consequence of its diminished income, and an urgent appeal has been issued to the public. The same observation applies, with some modification, to all the hospitals, and especially the Royal Southern Hospital.

THE MAYOR AND CHRISTMAS DINNERS.

Alderman David Radcliffe, the re-elected mayor, is repeating the noble munificence he showed last year. One thousand hot pots, each sufficient for a large family, are to be distributed by him, together with three hundred more contributed by friends. These will be given through the Rev. Messrs. Lester and Postance, Father Nugent, and H. G. Brown. Other seasonable gifts will probably follow.

RECENT CASES AT THE CITY CORONER'S COURT.

An inquest was held on the body of a female infant twelve days old, which had died while under the care of a midwife with symptoms of opium poisoning. She was the illegitimate daughter of a widow residing at a distance from Liverpool, and was sent to the midwife to be nursed. This was accomplished, according to her own admission, by feeding it with boiled arrowroot mixed with milk, and, because the child was a very cross one, giving it a drop of laudanum on a piece of sugar. Dr. Leigh, who was called in to see the child, and who subsequently made a post-mortem examination, gave it as his opinion that death resulted from laudanum poisoning. The jury returned a verdict of "Death by misadventure," and censured the mother of the child, as well as the midwife, for their conduct. On the same day, an inquest was held on the body of a newly born male child, found in the coal cellar of a temperance hotel in the north part of the city. A young woman, who had been a domestic servant in the hotel, had been committed for trial on a charge of concealing the birth of an infant whose decomposed body had been found in her box. She had been observed to show signs of advanced pregnancy, and about the 10th ult. there were appearances indicating that she had been recently delivered. On the 1st inst., after her committal, the body of the deceased was found in the coal cellar by the servant who took her place. It was fully matured, and had a man's neck-tie tightly tied round its neck. It was examined by Dr. Wilde, the resident surgeon at the North Dispensary, and subsequently by Mr. F. T. Paul, lecturer on medical jurisprudence, and Mr. F. W. Lowndes, surgeon to the police. From the condition of the funis, the terminal end of which was in a dry, gangrenous state, and the state of the lungs and heart, it was clear that the child had survived its birth some hours; and the appearances of the neck, mouth, and tongue pointed to strangulation as the cause of death. A verdict of "Wilful murder" was returned against the servant.

HEALTH OF LIVERPOOL.

At the last meeting of the Health Committee on the 17th inst., the medical officer (Dr. Stopford Taylor) reported that the death-rate was equal to 24·5 per 1000 of the estimated population. There were 2 deaths from small-pox (one vaccinated and one unvaccinated), 14 from measles, 4 from scarlatina, and 4 from fever. The inquest cases amounted to 17, of which 2 were due to excessive drinking and 3 (under one year of age) to suffocation. The number of uncertified deaths was 11. There were also reported to the medical officer 9 cases of fever, 6 cases of small-pox, and 33 cases of scarlatina. There were on the 17th inst. 50 cases of small-pox in the city hospital.

LADIES' CHARITY AND LYING-IN HOSPITAL.

A bazaar was recently held in aid of this charity, and resulted in the handsome balance of £1594 (after all expenses had been paid) for the building fund. The charity is doing a very useful work among the poor at this inclement season, and deserves every encouragement. By its means poor married women are provided with skilled attendance in their confinements, with certain medical and other comforts, and skilled obstetric assistance in difficult

cases. There are wards with twelve beds for the reception of in-patients, and so perfect are the arrangements that all danger of fever is as effectually guarded against as in our present state of knowledge they can be. There is a large out-door department, which comprises the whole of the city, and affords practical instruction to students attending the obstetric class at the Medical Faculty of University College.

Liverpool, Dec. 22nd.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE CORONERSHIP OF NEWCASTLE-ON-TYNE.

THROUGH the death of Mr. J. T. Hoyle, a member of the legal profession, a vacancy has taken place in the office of coroner for the city of Newcastle-on-Tyne. Mr. Hoyle held the office for a long series of years, and was highly respected by all classes of the community. The duties have been performed of late years by his son, who is also a member of the legal profession and is a candidate for the vacant office. The office is understood to be worth, after expenses are defrayed, about £400 per annum, and can be very well filled by a medical practitioner, the inquests as a rule taking place in the evening, and so not interfering with other duties. Besides Mr. Hoyle, I hear that there are three other candidates in the field—namely, Mr. Alderman Barkas, who is not a member of either profession; Mr. Alderman Newton, who is well known and respected here as a practising surgeon; and Mr. N. Hardcastle, who is also a surgeon of long standing here, holding the surgeoncy of the gaol and other important appointments. It is to be hoped, however, that before the day of election one of these gentlemen may retire, and use his influence so as to have the election of a medical coroner carried. There is, I know, a good feeling towards the profession in the City Council, who hold the election in their hands; but it would be well to strengthen this by all legitimate outside influence that can be used, as the legal influence is very strong in the Council. The Council have elected Mr. Hill Motum, the Town Clerk, to hold the office pending the election, which has been fixed to take place on the first week in January next. It is very soon, but the Act of Parliament requires the vacancy to be filled in ten days. It may be remarked that two of the gentlemen before mentioned as candidates will have to resign their aldermanic honours, as the act says that the coronership may not be held by any member of a municipal council. Seeing that the office has been so long held by a lawyer it is thought by many here that it would be but a graceful act for the Council to appoint a member of our profession on this occasion. There is another point which I might allude to—namely, that honours come very tardily to our profession in the north of England. Now, it is very well known that on the occasion of the late Royal visit to Newcastle Mr. Alderman Newton acquitted himself in a way to merit the esteem of all classes of the community. The Council now has an opportunity of showing its appreciation of one of its most esteemed members, and a worthy member of our profession, by appointing Mr. Alderman Newton to an office which has been shown to be eminently adapted to the medical profession.

DURHAM COUNTY HOSPITAL.

Dr. Seeker Walker, son of Dr. Walker, of Wakefield, has been appointed house-surgeon to the Durham County Hospital. The post is one usually coveted by young surgeons. This time, I understand, there were about forty applicants for the post, which was rendered vacant by the resignation of Dr. Robertson; four of this number were selected, and Dr. Walker was chosen by a majority of three votes.

A NEW SUICIDE MANIA.

During the last few weeks there have been several cases of poisoning by matches in our police-courts, and sometimes before the coroner. They have all been in females. The *modus operandi* is as follows: they purchase several boxes for a few pence, cut off the lighting ends, and after steeping these in water make a *haustus* of the solution. The usual symptoms of poisoning by phosphorus set in, and frequently after several hours' extreme suffering death ensues. All the cases seem to have sprung out of one—in the way of imitation—which was very fully reported in our halfpenny newspapers a few weeks since.

Newcastle-on-Tyne, Dec. 30th.

IRELAND.

(From our own Correspondent.)

KELLS UNION.

THE sanitary condition of the Workhouse and Fever Hospital of Kells Union was some time since very bad, and the attention of the guardians was directed to this matter on more than one occasion by Dr. Ringwood, the medical officer. At length, after repeated complaints, a committee was appointed to report on the subject. This committee, after making an inquiry, contradicted the statements of Dr. Ringwood, and recommended that that gentleman should vacate the post he held. On the 21st of last November a meeting of the guardians was held, and a resolution was adopted calling on their medical officer to resign, and in due course the matter came under the consideration of the Local Government Board. That body, having fully considered the subject, wrote on December 12th to the guardians, refusing to ratify the resolution in question. Dr. Ringwood, the efficient medical officer of the Workhouse and Fever Hospital, during his long service has never been accused of neglect of duty, and the only apparent reason given for the action of a majority of the Board of Guardians is that he treated his patients too well, thereby increasing the cost of maintenance of the inmates of the workhouse. This charge of extravagance has proved to be untenable, and it is generally believed that the real reason for the hostile attitude of the guardians is because Dr. Ringwood differs in his political sentiments from the Nationalist members of the Board of Guardians. That he has not been sacrificed at the dictates of a narrow-minded clique must be a subject of congratulation to all law-abiding citizens.

BELFAST MAIN DRAINAGE.

The Bill for Parliamentary powers to carry out the Belfast main drainage system has been lodged, and it is intended that it shall be brought before Parliament early this session. The preamble to the Bill refers to the insanitary condition of the Lagan, and the Corporation of Belfast seek powers to purify the river. In carrying out the necessary works, it is necessary that a weir in the Milewater stream should be removed and placed elsewhere, and that the level of the banks and bed of a portion of this stream should be altered and raised, and that the Corporation should be empowered to take certain tidal or slob lands in Belfast Lough and other lands, and construct the required works. The Corporation also, as the Burial Board for the borough, seek to make bye-laws for the management of their cemeteries and obtain the necessary powers to carry out the requisite works. The Bill, which may be styled the "Belfast Improvement (Purification of the Lagan) Act, 1886," will contain the following heads:—(1) Purification of Lagan and sewerage; (2) buildings; (3) sanitary provisions; (4) infectious diseases; (5) markets; (6) cemeteries; (7) fires; (8) telegraph wires; (9) police; (10) financial.

WOMEN AND CHILDREN'S HOSPITAL, CORK.

A Russian Fancy Fair, of a very successful kind, was held recently in aid of the Building Fund of this hospital, so as to help to pay off a debt of some £600 still due. The institution is admirably worked, and well deserves the support of the charitable.

His Excellency the Lord Lieutenant has approved of an expenditure of £4000 in additions and repairs at Armagh District Lunatic Asylum.

Dr. Mc Causland has been elected house-surgeon to Steevens's Hospital, Dublin. Dr. McCausland is a graduate of Trinity College, and obtained a first gold medal at his moderatorship examination.

Dublin, December 29th.

EGYPT.

(From our own Correspondent.)

EGYPTIAN PHARMACOPŒIA.

THE native hospitals have just had served out to them a small and very complete Pharmacopœia in Arabic and English, and the very needful permission has been obtained from the Government to employ in this little book the metrical system, instead of the very complicated and quite

inaccurate weights and measures which are in use in the other Egyptian administrations. The Pharmacopœia is the first of its kind in this country, and contains 104 preparations, which include iodoform bougies and pessaries, and all the approved pills, powders, mixtures, and ointments, including a very favourite aperient of carbonates of ammonia, magnesia, iron and soda, with ginger and liquorice, which the natives have christened "divine powder."

OPERATING THEATRE.

Until this year the operations in Cairo Hospital were always performed in a small room without convenient appliances, on no fixed day, and with a throng of eager students crowding round the table. Improvements have gradually taken place, and now notices of important operations are regularly sent to the hospital staff. Sundays and Thursdays are the appointed days. Tiers of seats for 100 students are railed off at one end of an airy well-lighted room, and hot water and gas are laid on in this and in an adjoining anteroom. Facing the rows of light-brown eager faces of the boy-students, there stand, with head, face, and body closely veiled in white, the midwife and her assistants, presiding over a supply of sponges, bandages, sublimated sawdust bags, and other necessaries; while the professors sit on chairs near the table; the operator and his dressers work unimpeded; an English instrument man stands by to anticipate their wants; and visitors may, if they choose, look across the newly made botanical garden to the wondrous citadel of Saladin, to the rows of windmills which Napoleon built to supply his troops with bread in 1798, or to the hills of rubbish which now alone mark the site of the old capital of Egypt of 1200 years ago.

RECORD OF OPERATIONS.

There are usually 450 patients in this hospital, of whom some 350, including prostitutes, are in the surgical wards, for natives invariably prefer the tangible results of surgery to the apparently less satisfactory treatment of the physicians. The out-patient department also furnishes forty-five new patients every day, of whom many require surgical aid. During the last two months the following operations have been successfully performed by the native surgeons, in addition to several of minor importance: median lithotomy on a man aged thirty-five with four stones, and also on two men aged fifty and thirty-two; bilateral lithotomy on three men, aged respectively sixty-five, forty-five, and thirty-six; necrosis of tibia; three cases of elephantiasis of scrotum; and Lisfranc's amputation through the metatarsus. Dr. Milton's operations are chiefly on women, children, and accidents, and during the same period include the following, which are now doing well: lithotomy on two male children, each under two years; lithotrity, in one sitting, on a man, aged twenty, from whom 915 grs. were evacuated; lithotrity on a female child aged eighteen months, the only difficulty in this case being caused by the impossibility of washing out the bladder owing to its diminutive size; three amputations of thigh, two of leg, and one of forearm; excision of a strumous elbow-joint; removal of a naso-pharyngeal polypus, the size of a very large orange, projecting forwards and hiding a third of the man's face, which was found to be attached to the junction of the frontal and ethmoidal sinuses, and necessitated the cutting away of the upper three-fourths of the nose; vesico-vaginal fistula; recto-vaginal fistula, such cases being very common here among prostitutes who have never become mothers; removal of polypus of uterus; two cases of fibroma removed from the buttock; strangulated hernia in a male child aged three; two cases of tracheotomy for syphilitic laryngitis; excision of small elephantiasis of both vulvæ, of more than a year's growth, in a prostitute, being the fourth case operated upon this year; paracentesis for empyema, with resection of the eighth rib, and subsequent washings out with salicylic lotion; caries of palate, in which the fistulous opening was found to contain two plugs of lint, which had been there for some weeks; and thirteen cases of excision of cervical glands, besides one of femoral and one of axillary glands. These gland operations are very common here, and are undertaken partly to cure the great disfigurement, and partly on account of suppuration and pain caused by pressure on nerves, or to prevent secondary infection. During the last fifteen months there have been 115 such operations, all successful excepting two cases, in which the enlarged glands recurred. The unsuccessful major operations of the last two months have been three in number—namely: A vesico-vaginal fistula, in which the failure was due to a temporary omission of the catheter. An amputation at the hip-joint in a convict, six hours after a mass of stone, in a blasting operation, had laid bare Poupart's ligament, fractured the femur just below the great trochanter, wounded the femoral artery, and traversed the fleshy part of the leg like a fragment of a Krupp shell; he lost no blood during the operation, but died of collapse an hour afterwards. The third case was a man, aged twenty-six, with a greatly enlarged but not pendulous thyroid gland, causing alarming attacks of dyspnœa, which necessitated operative interference. The isthmus was divided by double ligature and thermo-cautery, and this was followed on the second day by extreme enlargement and congestion of the halves of the divided thyroid, which, though temporarily relieved by three dozen leeches, produced continued obstruction of breathing, and suddenly caused death on the fifth day after the operation, while preparations were being made for tracheotomy. At the necropsy great pulmonary congestion and pneumonia were recorded, while the thyroid was extremely vascular, and contained much new inflammatory tissue.

PAPYRACEOUS FŒTUS.

An Egyptian woman was brought to the hospital by the police three weeks ago with a history of having being kicked by her husband while in her eighth month of pregnancy. Accompanying her was a paper parcel containing (1) the body of a dead male child, small and well nourished, which had lived for a few hours; (2) a round, flatly-compressed placenta, with a diameter of three inches, attached by a tape-like cord to (3) a perfectly flattened papyraceous fœtus four inches in length. The placenta and cord which had been attached to the full-grown child were not brought to the hospital. There was no history of accident or otherwise to account for the death of the fœtus *in utero*.

ROYAL VISIT TO HOSPITAL.

H.H. the Khedive, attended by his suite, made an official inspection of Kasr-el-Aini Hospital this morning, being the first time that he has done so since his praiseworthy visits during the cholera of 1883. His Highness was so pleased with all he saw that he sent for Dr. Milton to the palace in the afternoon, and, with many laudatory words, decorated him with the order of the Osmanieh of the Fourth Class. This unexpected mark of approval has given the greatest satisfaction to both Europeans and natives.

Cairo, Dec. 1st.

THE SERVICES.

Deputy Surgeon-General J. O'Nial, Principal Medical Officer of the Army of Occupation, has proceeded up the Nile to join the staff of General Stephenson at the front.

WAR OFFICE. — Army Medical Staff: Surgeon-Major Thomas Jerram Orton has been granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon Michael Edward FitzGerald resigns his commission.

INDIA OFFICE.—The Queen has approved of the retirement from the service of the undermentioned officers of Her Majesty's Indian Military Forces:—Brigade Surgeon Thomas Beaumont, M.D., of the Madras Army; Surgeon-Major George Grant, of the Bengal Army; Surgeon-Major Edwin Clement Bensley, of the Bengal Army; and Surgeon-Major John William Strong, of the Madras Army.

The under-mentioned officers have been granted a step of honorary rank on retirement:—Brigade Surgeon Robert Rouse, of the Bengal Army, to be Deputy Surgeon-General; Surgeon-Major George Grant, of the Bengal Army, to be Brigade Surgeon.

ADMIRALTY.—The following appointments have been made:—Surgeon John Ottley, to the Cape of Good Hope Hospital; Joseph D. M'Feely, to be Surgeon and Agent at Killybegs; Fleet-Surgeon Henry N. M. Sedgwick, to the Portsmouth Yard; Fleet-Surgeon James J. O'Malley, to the *Excellent*; and Fleet-Surgeon Ernest D. E. Winter, to the *Indus*, additional, for the *Woodcock*.

Surgeon Adam Garratt Mitchell has been appointed to the *Rohilla*, Peninsular and Oriental Company's Service.

ENGINEER VOLUNTEERS.—1st Gloucestershire: Surgeon William Fitzwilliam Carter resigns his commission.

RIFLE VOLUNTEERS.—2nd Volunteer Battalion (the Lincolnshire Regiment): James Pickering Stewart, Gent., M.B., to be Acting-Surgeon.

Obituary.

SAMUEL SUMNER DYER, M.D. ST. AND., L.R.C.P.L., &c.

WE have to record the death of this well-known and most estimable member of our profession, which occurred on Sunday, Dec. 20th, after a short illness. Samuel Sumner Dyer was born in 1823 in the house where he died, being the eldest son of the late Mr. Thomas Dyer, who had practised his profession for a period of forty years in the town of Ringwood. He received his general education at King's College, entering the medical school in 1843, when King's College was at its zenith, under the auspices of such teachers as Budd, Todd, Fergusson, Bowman, and Simon. This year was marked by the number of students who afterwards distinguished themselves, and amongst them Dyer was noticeable for devotion to his studies and for his high character. After having obtained his surgical diploma, he was elected to the post of house-surgeon to the hospital, and in that office he gained that practical knowledge of which he made such good use in after life. As soon as he had completed his education, he joined his father at Ringwood. When the latter died, some few years afterwards, he conducted, with the help of an assistant, the whole of the practice of the town and of the neighbourhood for many miles around, working laboriously day and night, and devoting the whole of his energies to the arduous duties of his profession for a period of more than twenty years, when he was joined by his brother, Dr. Henry Dyer, by which event his labours were somewhat lightened. During this period his reputation had become established to such a degree that he was consulted by all around, rich and poor, and in cases of difficulty and urgency his opinion and advice were repeatedly sought by his medical brethren in the neighbouring towns. He was the very type of what a good provincial practitioner should be. He was a sound physician, a well-practised obstetrician, and a skilful surgeon, particularly evincing the qualities of the latter in the large number of severe operations which he performed with great success, his skill and dexterity being the result of the teaching of his old friend and master, Fergusson, who took much and especial notice of Dyer whilst a pupil at King's College. Although his time was so much absorbed in the duties of his large practice, Dr. Dyer was enabled to keep pace with the times and to make himself well acquainted with the improvements in medicine and surgery. He made a point of snatching a brief holiday every year for the purpose of attending the annual meetings of the British Medical Association and of the branch meetings, at one of which he was lately president. Apart, however, from the professional aspect, Dr. Dyer was endowed with qualities which gained the esteem and affection of all who came in contact with him. Possessed of a singularly gentle and amiable temper, he was rarely ever known to say a harsh word to anyone; and yet when occasion occurred he was firm of purpose and strictly regardful of truth and justice. All these qualities were enhanced by his strong religious faith. A firm believer in the truths of Christianity, he preached its precepts in his daily life simply, steadfastly, yet without the least ostentation; and it is not to be wondered at that his influence on all around him was very great. In all matters connected with the town and its neighbourhood, civil and religious, he took the most prominent lead, and it will be difficult to fill the wide gap which his loss has occasioned. Death smote him literally "like a thief in the night," for he retired to rest on the night of Tuesday, the 15th, and was found shortly afterwards suffering from the symptoms of hæmorrhage in the brain. He lingered until the 20th, when he passed away. He was assiduously attended to by his brother, Dr. Henry Dyer; his old friend and former pupil, Dr. Wyke Smith, of Wimborne; Dr. Lush, of Weymouth; and his old fellow-student and friend, Mr. Henry Smith, of King's College.

Dr. Dyer married the sister of the late Dr. Monckton of Maidstone, who died a few weeks ago, but left no issue.

The funeral of Dr. Dyer took place on the 24th ult., and was of a most impressive character. The whole town was in mourning, and, although it was Christmas-eve, business was almost entirely suspended. The fine old and spacious church was crowded by a large concourse of the inhabitants of the town and its neighbourhood, of every grade of life. The service in the church was most effectively rendered by the vicar, assisted by several of the neighbouring clergy and a full choir. From thence the procession, accompanied by large numbers of people, moved on to the cemetery, where the interment took place, the coffin and the edges of the grave being covered and surrounded by a mass of beautiful wreaths. Many professional friends were present, some coming from long distances to pay this last token of respect to the memory of their lamented colleague; and it was impossible for those assisting at the ceremony to resist the conviction that the great gathering around them was not only a tribute to the worth of him whom they were mourning, but that it was a mark of appreciation of the profession of which the late Dr. Dyer was so truly an ornament.

R. W. GREENISH, F.R.C.S.

MR. GREENISH, whose early death after a tedious and often very painful illness we have to deplore, was in the active practice of his profession in the north of London. He commenced his studies at University College Hospital in 1872; these were interrupted for six months by a very severe attack of blood-poisoning. He passed his M.R.C.S. in 1876, and in the same year became L.R.C.P. Lond. He held successively the offices of obstetric assistant, University College Hospital; resident clinical assistant, Consumption Hospital, Brompton; junior house-surgeon, Huddersfield Infirmary; and house-surgeon, Ashton-under-Lyne Infirmary. In the autumn of 1881 he went to Vienna, and for twelve months worked at normal and pathological histology under Professor Weichselbaum, and also attended courses of lectures and demonstrations on pathology by Dr. A. Zemann. At this time he published, in conjunction with Professor Weichselbaum, two papers of scientific research: "Ueber das Adenom des Leber," and "Ueber das Adenom der Niere." In 1883 he contributed to the *Journal of Anatomy and Physiology* a "Case of Primary Sarcoma of Pleura," and subsequently a series of papers on the "Outlines of Pathology and Pathological Anatomy" to the *Medical News*. His last illness, which depended upon the secondary results of renal calculus, interfered greatly with his professional occupation, to which he was much devoted, for the last two years of his life. He struggled manfully, however, against these difficulties, and showed remarkable fortitude under the distressing circumstances arising from the disease from which he suffered. Several days before the attack proved fatal he expressed a wish that a post-mortem examination should be made to elucidate some doubtful points in his own case, which he had narrowly watched, and this was his last contribution to the science he loved so well.

JAMES GORDON, M.A., M.D.

ON the 23rd ult. the death occurred, after a short illness of Dr. James Gordon, of Old Aberdeen. Deceased studied and graduated as Master of Arts at King's College, and subsequently studied medicine at Edinburgh and Paris, at the former of which universities he took the degree of M.D. in 1833. Previously to this, in 1831, he had obtained the licence of the Royal College of Surgeons. Dr. Gordon was medical officer to the Oldmachar Parochial Board, and enjoyed the highest confidence of the poor in the district of which he had supervision. He was connected with several public institutions in Old Aberdeen, and, besides acting as town councillor, had held the position of Provost. He was greatly respected by all with whom he was brought into contact, and his death, which occurred in the seventy-sixth year of his age, is much regretted.

TREATMENT OF EPILEPSY.—The prize of 8000 francs offered by the Belgian Academy of Medicine for an elucidation by clinical facts of the pathogenesis and treatment of diseases of the nervous centres, and principally of epilepsy, has not been awarded; but a sum of 500 francs is offered by way of encouragement to the author of the essay bearing the motto, "Traditionem pondero, doctrinam respicio, sequor veritatem," on condition that he allow his essay to be printed in an abridged form with the criticisms of the Commission.

Medical News.

UNIVERSITY OF LONDON.—The following candidates have passed the recent B.S. examination for Honours:—

FIRST CLASS.

Berry, James (Scholarship and Gold Medal), St. Bartholomew's Hospital.
Robinson, Henry Betham (Gold Medal), St. Thomas's Hospital.
*Price, Alfred Edward, Guy's Hospital.
Carr, John Walter, University College.

SECOND CLASS.

Green, Charles David, St. Thomas's Hospital.
Targett, James Henry, Guy's Hospital.
Brock, James Harry Ernest, University College.

THIRD CLASS.

Hinds, Frank, University College.

* Obtained the number of marks qualifying for a Gold Medal.

SOCIETY OF APOTHECARIES.—The following gentleman passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, on Dec. 24th:—

Mariette, Ernest P. Alphonse, St. Stephen's-square, Bayswater.

The following passed the examination in the Science and Practice of Medicine, and received certificates to practise:—

Adye, W. J. Alexander, M.R.C.S., Bradford-on-Avon, Wiltshire.
Cottell, R. J. Cope, M.R.C.S., Cheyne-row, Chelsea.
Burns, Alfred Hugh, Caroline Villas, Hanwell.

THE late Mr. Vanderbilt's bequests include one of $100,000 to St. Luke's Hospital, and one of $50,000 to the Home for Incurables.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The library of this institution will be closed on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th of January, for the purposes of the examinations.

LADY DOCTORS IN ITALY.—The first official recognition of female medical practitioners has just been made in Rome. The recipient of this distinction is Signorina Terne, M.D., whom Queen Margherita has appointed one of her physicians in ordinary.

ROYAL MEDICAL BENEVOLENT COLLEGE.—On Thursday, January 7th, at 7.30 P.M., a special service will be held at the Church of St. Mary Bishophill Senior, York, when a sermon will be preached by the Venerable Archdeacon Blunt, D.D., and a collection made on behalf of the Epsom College.

SANITATION AT SOUTHAMPTON.—The important sanitary works recently sanctioned by the Corporation of Southampton, involving the erection of the new destructor works at Chapel for the cremation of the town refuse and the treatment of a large section of the sewage of the borough by precipitation, were successfully inaugurated on Dec. 11th.

RUSSIAN REMEDY FOR HYDROPHOBIA.—The alisma, or water plantain, is lauded in Russia as a remedy for hydrophobia. The plant flowers during the summer, and should be collected during August. The roots must be dried and grated, then spread on bread and butter, and a good dose taken night and morning. Two or three doses are said to be sufficient to effect a cure.

SUICIDE OF A PHYSICIAN.—On the 29th ult. an inquest was held at Kensington, on the body of Henry Wotton, M.D., who died on Christmas Day, under distressing circumstances, from the effects of a self-administered dose of prussic acid. After hearing the evidence of several witnesses the jury returned a verdict of "Suicide whilst in a state of unsound mind."

THE HOSPITALS ASSOCIATION.—The second general meeting of the Session 1885-6 was held on Dec. 16th, 1885, at the rooms of the Social Science Association, 1, Adam-street, Adelphi, W.C., Dr. Bristowe, F.R.S., in the chair, when a paper by Mr. G. Sturge, on "The Use of Alcohol in Hospitals," was read by Mr. Burdett (Mr. Sturge being unable to be present), in which was indicated the urgent need of attention to the diet tables of hospitals, on account of economy, and much more in order to overcome the erroneous teaching in the present hospital practice that these alcoholic drinks contribute to health. It is well known, said Mr. Sturge, that in the General Provident Life Institution they have two classes of insurers, one class abstainers from alcoholics, the other non-abstainers. From the published statistics from 1866-1882 of this institution, according to the ordinary tables of mortality, 2644 deaths should have taken place, but only 1861 occurred in the Abstaining Section; while of 4408 expected deaths in the Non-abstaining Section, 4339 took place, or only 69 less, or 1·2 less than the expected result. In the opinion of the author the time has come in which the Hospitals Association might profitably consider whether any hospital, supported by charity, could be justified in applying its funds to buy alcoholic luxuries for the use of its doctors, servants, or patients.

MEDICAL MAGISTRATE.—Mr. A. R. Ticehurst, M.R.C.S. L.S.A., has been put upon the Commission of the Peace for the borough of Hastings.

EDINBURGH FEVER HOSPITAL.—The Public Health Committee, who have the charge of the city Fever Hospital, have recommended the Town Council to appoint a visiting physician for that institution. This is to be a preliminary step towards a permanent arrangement for clinical instruction in fevers, the necessity for which has been lately urged by the various medical authorities, in memorials addressed to the Town Council.

DEATH WHILE UNDER CHLOROFORM.—An inquest was recently held at Newcastle-on-Tyne, touching the death of a young man who died suddenly on the 19th ult. after undergoing an operation on his eye. Dr. Heath, who performed the operation, having given evidence, the jury returned a verdict to the effect that deceased died from failure of the heart's action, after undergoing an operation under the influence of chloroform.

PRESENTATION.—On the 24th ult. at Bridge of Allan Dr. Paterson was presented with a cheque for £340 enclosed in a silver casket bearing the following inscription:—"Presented to Dr. Alexander Paterson, along with a cheque, given by 260 subscribers over the whole country, in testimony of their regard for him as a successful physician, a kind friend to the poor, and a public benefactor to the inhabitants of Bridge of Allan."

HACKNEY MORTUARY.—On the 23rd ult., during an inquest which was being held at Hackney, the coroner, the medical witness, and the jury complained of the disgraceful accommodation provided at the mortuary, one of the speakers stating that in his opinion it was not fit for the backwoods of America. The coroner advised that the attention of the medical officer of health for the district be called to the matter.

A VICIOUS APPETITE.—On the 28th ult., at an inquest held at the Earlswood Asylum for Idiots, on the body of a man who died in that institution on the 23rd ult., it was stated that a post-mortem examination of the deceased showed the stomach to be very much enlarged, and in it was discovered a large roll of foreign substance, consisting of human hair, horse hair, and cocoa-nut fibre, and a few dead leaves, the whole weighing two pounds and a quarter, and completely blocking up the stomach.

THE MADRAS VICTORIA CASTE HOSPITAL.—The temporary buildings of this institution, which is intended for the reception and treatment of Caste and Gosha women, were formally opened on the 8th ult., by Mrs. Grant Duff. A grant has been made to the hospital by Government, and the donations already amount to over 100,000 rupees. The lady superintendent is Mrs. Scharlieb, under whose supervision careful arrangements have been made for respecting the feelings of the patients by the strict maintenance of their caste or gosha.

CLINICAL SOCIETY.—The subjoined list gives the names of those gentleman who have been proposed for election as officers and members of Council for the ensuing year:—President: Mr. Thomas Bryant. Vice-Presidents: Dr. James Andrew, Dr. Cayley, Dr. Wilks, Mr. Sydney Jones, Mr. Thomas Pickering Pick, and Sir Henry Thompson. Treasurer: Mr. Christopher Heath. Council: Dr. Carrington, Dr. Coupland, Dr. Drewitt, Dr. William Ewart, Dr. Hadden, Dr. F. de Havilland Hall, Dr. Felix Semon, Dr. Tyson, Dr. John Williams, Mr. Henry Hugh Clutton, Mr. Davies-Colley, Mr. Harrison Cripps, Mr. Clinton T. Dent, Mr. A. Pearce Gould, Mr. Warrington Haward, Mr. Henry Morris, Mr. Walter Rivington, Mr. John Wood, F.R.S. Honorary Secretaries: Dr. Stephen Mackenzie, Mr. Rickman Godlee

MARY MAGDALEN HOSPITAL, ST. PETERSBURG.—At a meeting of the German Medical Society of St. Petersburg, Dr. Lingen mentioned some statistics of the practice of the Mary Magdalen Hospital during the four summer months of 1885. There were 124 cases of typhus, the mortality of which was 12·2 per cent. The mortality of typhoid was 13·4. Both these rates were below those for the corresponding period of the previous year. The number of cases of pneumonia was 54, though in the previous summer it had been only 33. The mortality was, however, only 9·6 per cent., against 13 per cent. in the summer of 1884. Ninety-five cases of phthisis were admitted, with a mortality of 44·4 per cent., the deaths from this cause accounting for a third of the total deaths. There was no diphtheria. A case of acute glanders was fatal on the tenth day. A case of malignant pustule on the chin was cured by excision and subsequent cauterisation. In the surgical wards there were 283 cases, mostly injuries, wounds, and fractures. The mortality in this department was 5 per cent.

BOOKS ETC. RECEIVED.

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Diagnostic et Traitement Chirurgical des Tumeurs Abdominales. Par Sir Spencer Wells. Edition Française publiée avec le Concours du Dr. J. Keser. pp. 300, avec 55 Figures dans le Texte.

CALCUTTA PRESS.

A Manual of the Diseases of the Eye. By C. Macnamara, F.R.C.S.Eng. Translated into Bengali by Lal Madhub Mookerjee, L.M.S., F.C.U.

CASSELL & Co., Limited, London, Paris, New York, and Melbourne.

The Surgical Diseases of Children. By Edmund Owen, M.B., F.R.C.S. pp. 518, Illustrated with 4 Chromo-lithographs, and 85 Engravings. 9s.

Fractures and Dislocations. By T. Pickering Pick, F.R.C.S. pp. 534, Illustrated with 93 Engravings. 8s. 6d.

Surgical Diseases of the Kidney. By Henry Morris, M.A., M.B., F.R.C.S. pp. 548, with 6 Chromo-lithographs, and 40 Engravings. 9s.

CHURCHILL, J. & A., New Burlington-street, London.

The Principles and Practice of Medicine. By the late C. H. Fagge, M.D., F.R.C.P. In Two Vols. pp. 1024-836.

The Pocket Formulary. By Henry Beasley. Eleventh Edition. pp. 517.

The Influence of Sex in Disease. By W. Roger Williams, F.R.C.S. pp. 39.

A Manual of Animal Vaccination. By Dr. E. Warlomont. Translated and Edited by A. J. Harries, M.D. pp. 168.

Descriptive Catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England. Vol. IV.

How to Use a Galvanic Battery. By Herbert Tibbits, M.D. Third Edition. pp. 96, with Illustrations.

HARRISON & SON, St. Martin's-lane, London.

Proceedings of the Medical Society of London. Edited by Dr. J. K. Fowler and Mr. J. H. Morgan. Vol. VIII. pp. 305, with Illustrations.

HIRSCHWALD, A., Berlin.

Die Physiologische und Therapeutische Wirkung des Schwefelwasserstoffgases. Von Dr. H. Stifft. S. 168.

Leitfaden zum Gebrauch des Augenspiegels. Von Dr. Med. Adolf Vossius. S. 78, mit 22 Holzschnitten.

Die Bakterien-Aetiologie der Infections-Krankheiten. Von Dr. Hugo Mittenweig. S. 135.

KEGAN PAUL, TRENCH, & Co., Paternoster-square, London.

Sunshine and Sea: a Yachting Visit to the Channel Islands and Coast of Brittany. By a Country Doctor. pp. 206, with Illustrations.

The Mammalia in Relation to Primeval Times. By Prof. Oscar Schmidt. pp. 308, with 51 Woodcuts.

LEWIS, H. K., Gower-street, London.

A Handbook of Therapeutics. By Sydney Ringer, M.D. Eleventh Edition. pp. 668

The Science and Art of Midwifery. By Wm. Thompson Lusk, A.M., M.D. pp. 763, with numerous Illustrations.

Illustrations of the Unconscious Memory in Disease. By Chas. Creighton, M.D. pp. 212.

Gout, and its Relations to Disease of the Liver and Kidneys. By Robson Roose, M.D. Second Edition. pp. 160.

Rome in Winter, and the Tuscan Hills in Summer. By David Young, M.C., M.D. pp. 286.

LONGMANS, GREEN, & Co., Paternoster-row, London.

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Strength and Happiness. By Richard A. Proctor. pp. 283, with Illustrations.

Select Methods in Chemical Analysis. By William Crookes, F.R.S., V.P.C.S. Second Edition, Rewritten and greatly Enlarged. pp. 735, with 37 Woodcuts.

MATHIESON, F. C., & SON, Bank, London.

Mathieson's Vade-Mecum for Investors for 1886. pp. 444. 4s.

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Atlas of Venereal Diseases. By P. H. Maclaren, M.D., F.R.C.S.E. Fasc. II. 6s.

PHILIP & SON, Fleet-street, London.

Healthful Exercises for Girls. By A. Alexander. pp. 92, with 200 Illustrations.

PUTNAM'S SONS, New York & London.

Psychiatry: a Clinical Treatise on Diseases of the Fore-brain. By T. Meynert, M.D. Translated by B. Sachs, M.D. Part I.: Anatomy, Physiology, and Chemistry of the Brain. pp. 285, with Illustrations.

A Manual of Microscopical Technology. By Dr. Carl Friedländer. Translated by S. Y. Howell, M.A., M.D. pp. 249.

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Orient Line Guide. Edited for the Managers of the Line. By W. J. Loftie, B.A., F.S.A. pp. 254, with Plates and Maps. 5s.

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Von Ziemssen's Handbook of General Therapeutics. Vol. IV.: Treatment of Disease by Climate. By Dr. Hermann Weber.

General Balneotherapeutics. By Prof. Otto Leichtenstern. pp. 496.

Dictionary of National Biography. Edited by Leslie Stephen. Vol. V.: Bicheno-Bottisham. pp. 448.

SPON, E. & F. N., Charing-cross, London.

Lightning-Conductors, their History, Nature, and Mode of Application. By R. Anderson, F.C.S., F.G.S. Third Edition, Revised. pp. 470, with Illustrations.

TRAILL, Dr. M., Calcutta.

The Landmarks of Snake-Poison Literature. By Vincent Richards, F.R.C.S.Ed. pp. 176.

VAN VOORST, JOHN, Paternoster-row, London.

Chemistry, General, Medical, and Pharmaceutical, including the Chemistry of the British Pharmacopœia. By John Attfield, F.R.S. Eleventh Edition. pp. 870, with Illustrations.

Illustrated Stable Maxims, 4s., on Roller. (Longmans.)—Intubation of the Larynx; by F. E. Waxham, M.D.—The Paris Guide and Directory; compiled by Stickney & Co., Paris.—A precise Investigation of some Micro-organisms and Soluble Ferments; by C. T. Kingzett, F.I.C., F.C.S.—Uber die Trägheit der Netzhaut und des Sehcentrums; von J. McK. Cattell.—Calvert's Mechanics' Almanack for 1886.—Variations de Composition et Réactions Chimiques des Humeurs Normales et Morbides de l'Appareil Génital de la Femme; par le Dr. P. Ménière.—Effects of the Use of Tobacco; by Hobart A. Hare, M.D. Philadelphia.—Peste de Cadeiras, ou Epizootia de Marajó; pelo Dr. J. B. de Lacerda.—The British Pharmacopœia and its Critics; by Prof. Attfield, F.R.S.—Engravings of A. Vesalius and N. Tulpius, 4s. 6d. each. (Williams and Norgate.)—Health Almanack, 1886. (J. Clarke, Edinburgh.)—On Inflammation of the Attic of the Tympanum, and two Fatal Cases of Ear Disease in Infants; by Dr. S. Sexton, New York.—Purity Meetings—a Protest; by Wilbraham Taylor.—Index Medicus, Vol. VII. No. 2.—A Plan for erecting a Healthy City on the South-West Gulf Coast of Florida.—The British and Colonial Druggists' Diary, 1886.—The Educational Almanack, 1886.—Good Words, Sunday Magazine, January, 1886. (Ibister.)—Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, January, 1886. (Tract Society)—Future Careers for our Sons and Daughters. (Segg & Co.)—Prof. A. Jacobelli: Prelezione al Corso Ufficiale di Atmiatria nella Regia Universitá di Napoli.—Report of the Spina Bifida Committee of the Clinical Society of London.—The Medicines and Medicinal Agents of the British Pharmacopœia, 1885; by Clay and Abraham.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BIDEN, CHARLES W., M.R.C.S., L.R.C.P., has been appointed Resident Obstetrical Officer to Charing-cross Hospital.

BUXTON, DUDLEY WILMOT, M.D., L.R.C.P.Lond., M.R.C.S., Anæsthetist to University College Hospital, has been appointed an Assistant Anæsthetist to the Dental Hospital of London.

FOOKS, H., M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to Charing-cross Hospital.

FREEMAN, CHAS. D., L.S.A.Lond., has been appointed House-Physician to Charing-cross Hospital.

HUNTON, A. W., M.R.C.S., has been appointed Senior House-Surgeon to the Ancoats Hospital, Manchester, vice G. A. Bolton, resigned.

IRVING, CHARLES, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Foston District of the Newark Union, vice Burrows.

LYNES, JOHN, M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to Charing-cross Hospital.

MAY, FREDERICK, L.A.H.Dub., has been appointed Medical Officer for the South District of the Stratton Union, vice Stuart.

PARKER, GEORGE, M.A., M.D.Camb., M.R.C.S., has been appointed House-Surgeon to the Paddington-green Children's Hospital.

POLSON, JAMES RONALD, L.R.C.P.Lond., M.R.C.S., has been appointed Assistant-Surgeon to the Worcester Friendly Societies' Medical Association.

ROULSTONE, WILLIAM, M.D., M.Ch.Q.U.I., has been appointed Medical Officer to the Workhouse, Wakefield Union, vice Horsfall, resigned.

STEDMAN, F. OSMUND, M.R.C.S., L.S.A.Lond., has been appointed House-Physician to Charing-cross Hospital.

WALKER, H. SECKER, M.R.C.S., L.R.C.P.Lond., has been appointed House-Surgeon to the Durham County Hospital, Durham, vice Murray Robertson, M.B., resigned.

WETHERED, FRANK J., M.B.Lond., M.R.C.S., L.S.A.Lond., has been appointed House-Physician to the London Hospital.

WILSON, JOHN, L.R.C.P., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Pudsey Urban Sanitary District, vice Mumford.

WILSON, THOS., M.D.Lond., B.S., M.R.C.S., has been appointed House-Physician to the National Hospital for the Paralysed and Epileptic, Queen's-square, W.C.

WINTER, J. T., M.R.C.S., has been appointed Junior House-Surgeon to the Ancoats Hospital, Manchester, vice W. Arnold, resigned.

Births, Marriages, and Deaths.

BIRTHS.

EMBLETON.—On the 22nd ult., at St. Wilfrid's, Bournemouth, the wife of Dennis C. Embleton, L.R.C.P., M.R.C.S., of a daughter.

INKSTER.—On the 27th ult., at Fulwood-road, Sheffield, the wife of S. Macaulay Inkster, M.D., of a son.

LAING.—On Nov. 29th, at The Adyar, Madras, the wife of Surgeon-Major Jas. Anderson Laing, of a daughter.

SMITH.—On the 25th ult., at Cedar Lawn, Burbage, Hinckley, Leicestershire, the wife of R. Bradshaw Smith, Surgeon, of a daughter.

THOM.—On the 29th ult., at High-street, Crieff, N.B., the wife of Alex. Thom, jun., M.A., M.D., and C.M., of a son.

MARRIAGES.

BARRETT—GLASSFORD.—On the 23rd ult., at 13, West Prince's-street, Glasgow, by the Rev. John Orr, Tron Church, assisted by the Rev. Dr. Cameron, of Duncon, William H. Barrett to Kate, second daughter of the late A. M. Glassford, Liverpool and London.

DALLAS—READ.—On the 30th ult., at the Oratory, Brompton, by the Rev. J. B. Rowe, assisted by the Rev. A. D. Beste and the Rev. S. Bowden, John Henry Langford Dallas, Esq., R.A., to Emma Jane, second daughter of S. Laurence Read, Esq., of Petersham-terrace, Queen's gate.

FRANKS—BROMHEAD-BUTT.—On the 23rd ult., at St. Philip's Church, Earl's-court, S.W., Kendal Franks, M.D., of Fitzwilliam-square, Dublin, to Gertrude Jane, fourth daughter of the late Colonel T. Bromhead-Butt, 79th Highlanders.

GRAYLING—CHRISTIAN.—On the 22nd ult., at St. Mary Magdalene's, Munster-square, Frank, only son of John Grayling, M.D., Sittingbourne, to Mary Maud, widow of the Rev. R. Cuthbertson Christian, M.A., late of Rossory, Co. Fermanagh, Ireland.

WHITNEY—BRAITHWAITE.—On the 29th ult., at the Friends' Meeting-house, Mercers-road, Holloway, N., Willis Norton Whitney, M.D., a Member of the United States Legation at Tokio, Japan, to Mary Caroline, third daughter of Joseph Bevan Braithwaite, of Camden-road, N., and New-square, Lincoln's-inn, Barrister-at-law.

DEATHS.

ALLEN.—On the 23rd ult., after a short illness, at his residence, Fishergate, Preston, Richard Allen, M.R.C.S., and Surgeon-Major to the Royal North Lancashire Militia, youngest son of the late Barten Fletcher Allen, of Preston.

CROFTS.—On the 26th ult., at Church Gresley, Burton-on-Trent, Ellen, the beloved wife of William Carrick Crofts, M.R.C.S., &c., aged 57.

FREEMAN.—On the 21st ult., at Priory-road, Kilburn, Henry Pettener Freeman, M.R.C.S., L.S.A.Lond., formerly of Fulham, aged 66.

GREENISH.—On the 26th ult., after a short illness, with much suffering, Robert William Greenish, F.R.C.S., of Somerfield-road, Finsbury-park, second son of Thomas Greenish, of New-street, Dorset-square, in his 33rd year.

HILL.—On November 5th, at his residence, 2, Oxford-street, Oldham, Robert Bryden Hill, M.D., B.Sc.Edin., aged 32.

JACKSON.—On the 28th ult., at South-hill, Bromley, Kent, Francis Jackson, Surgeon, formerly of Guildford and Chertsey, aged 75.

OSBORN.—On the 26th ult., at Bognor, Sussex, after a short illness, Dr. Charles Osborn, in the 76th year of his age.

SNOW.—On the 28th ult., at his residence, Lincoln, James Marr Snow, M.R.C.S., L.S.A.Lond., aged 77.

WOTTON.—On the 25th ult., suddenly, Henry Wotton, M.D., of Nottingham-terrace, eldest son of the late Henry R. Wotton, Esq., of Cavendish-square, aged 49.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, January 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M. Also on Thursdays at 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Jonathan Hutchinson, F.R.S.: Some Moot Points in the Natural History of Syphilis (Lettsomian Lecture).

Tuesday, January 5.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The Story of a Meteorite.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Hue: (1) Two cases of Sarcoma of the Tongue; (2) Ectopia of Crop of Pigeon (card); (3) Large Calculus passed spontaneously by Female Child (card).—Dr. Price: Malignant Disease of the Œsophagus.—Mr. Sutton: Joint Disease in Animals.—Dr. Norman Moore: Cases of New Growth in Heart and Viscera.—Mr. Fenwick: Tubercular Exfoliating Cystitis.—Dr. Samuel West: Aneurysm of Mitral Valve.—Dr. Hale White: Meningeal Hæmorrhage extending to Sheath of Optic Nerve (card).—Mr. Lane: (1) Anatomical Variations in Pelvis (card); (2) Fracture into Ankle-joint without Displacement (card).—Mr. Swinford Edwards: Carcinoma of the Bladder. At 9.30, Annual election of officers and Council.

Wednesday, January 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department 9.30 A.M., on Tuesdays and Fridays.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department: 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.

Thursday, January 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The Story of a Meteorite.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Dr. W. H. Blenkinsop: On Inhalations in Pulmonary Diseases.—Mr. T. Pickering Pick: Spreading Traumatic Gangrene.

Friday, January 8.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Specimens will be shown by Mr. Percy Dunn.—Mr. Barratt: Case of Extroversion of the Bladder after Operation; Water-colour Drawings of the same in a Female.—Dr. Savill: Two cases of Myxœdema.—Dr. Pickett and Mr. Keetley: On a case of Obstruction of the Bowels, with Gangrene of the Left Leg.—Mr. J. R. Lunn: On three cases of Excision of the Tongue.—Dr. J. B. Ball: On a case of Infantile Scurvy.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Annual general meeting for election of officers and Council. Sir Andrew Clark: On a case of Desquamative Prostatitis accompanied by the Discharge of Hyaline Tube-casts.—Mr. Barker: Ununited Fracture of the Clavicle producing Writer's Cramp and Pain, Resection of the False Joint and Wiring of the Fragments, Complete Union and Relief of the Nerve Symptoms.—Mr. Clutton: Large Cervical Spina Bifida undergoing Spontaneous Cure.—Dr. Pringle: Symmetrical Guttate Scleroderma (living specimen).—Mr. Sympson (Lincoln): Multiple Cartilaginous Tumours (living specimen).

Saturday, January 9.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MIDDLESEX HOSPITAL.—Operations 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The Story of a Meteorite.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Dec. 31st, 1885.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Dec. 25	30·43	W.	37	34	...	43	32	...	Hazy
,, 26	30·32	S.E.	42	40	...	43	35	...	Foggy
,, 27	30·49	S.	39	37	...	44	33	...	Foggy
,, 28	30·09	W.	42	40	...	50	37	...	Raining
,, 29	29·93	N.W.	39	35	...	41	34	·16	Cloudy
,, 30	30·15	N.W.	31	...	...	46	29	·03	Overcast
,, 31	29·90	W.	46	45	...	50	35	·24	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

MEDICAL ETHICS IN THE ORANGE FREE STATE.

A CORRESPONDENT writes us that in twenty-seven years' practice at home and abroad he has always been on the best of terms with his brother practitioners. We congratulate him on such a fact, creditable alike to him and to the profession to which he belongs. He has now, however, to complain of unprofessional methods in a medical brother, who thinks it right to foist his advice and medicines on the patients of other practitioners, offering them even for nothing at first. We cannot believe that such practices will be persisted in or that they will be found to succeed. They are entirely undignified and unjustifiable.

It is never too late to Learn.—1. Our correspondent must be aware that there have been many theories put forth to account for the origin of chronic rheumatism, and that pathologists are not agreed as to the existence of a definite poison in the disease.—2. Massage seems to be the prominent feature of the treatment employed by the specialist mentioned.

Mr. J. Jeffery.—It would be contrary to our rule.

DIPHTHERIA AND DEFECTIVE DRAINAGE.

To the Editor of THE LANCET.

SIR,—It would seem to me to be very foolish to ignore altogether the idea that road-level sewer ventilators may have something to do with the various outbreaks of diphtheria simply because certain defects may have been found in some of the houses where the disease has arisen, and because sewer ventilation acts as a kind of safety valve to the house drainage; and, moreover, oxygen is one of the best antiseptics known. I can say, without fear of contradiction, that some of the worst cases of diphtheria in this neighbourhood have arisen at different times opposite some of the worst of these stinking ventilators, and many a time have the persons residing near them had to close their windows when the wind has been blowing in a certain direction. No doubt, where the sewers have all been laid upon properly graduated levels, and there is consequently no stagnation of sewage, these road-level ventilators act perfectly well; but where the levels are altogether irregular it would seem to me that the only safe method is to run shafts up the sides of a certain number of houses, and so convey the effluvium into the upper air. If these road-evel ventilators are not a nuisance and a danger, why have the uthorities gone to the expense of making fresh openings in the centres of the roads when they could so easily have untrapped the gratings which carry off the rain-water at the sides? In conclusion, I would say that one of our chief London consultants told me he had distinctly traced some cases of diphtheria in the north of London to these road ventilators. Such being the case, there can be no question that fresh inquiry is needed. I am, Sir, your obedient servant,

Surbiton, Dec. 28th, 1885. F. P. ATKINSON.

AMOY PRESBYTERIAN MISSION HOSPITAL.

IN the report of the Mission Hospital at Amoy, by Mr. Archibald Macleish, M.A., M.B., C.M., for the past year, an interesting account of various cases, surgical and medical, is given, from which we extract the following as an instance of a not very common affection—viz., lymphocele:—

"The patient had a collection of milky fluid in the tunica vaginalis, presenting the microscopic characters of chyle, coagulating quickly, and containing large numbers of active filariæ (filaria sanguinis hominis). He was thrice tapped. The first time eight ounces of this fluid were drawn off, and no injection made. The fluid rapidly accumulated, and eighteen days later the same quantity was removed, and a drachm of pure, liquefied carbolic acid injected, causing considerable pain and faintness. The fluid again accumulated, though more slowly. Twenty-six days later five ounces were drawn off, and eighty minims of carbolic acid injected, with only slight pain and no inflammatory reaction. Four months later the testicle was much reduced in size, and when last seen (about ten months after the last operation) was almost normal. Presumably, obliteration of the sac had taken place. The collection of fluid had always been larger in the evening than in the morning, and in summer than in winter. The glands in the groins were not enlarged; and the patient had never suffered from fever, or anything pointing to constitutional disturbance from the presence of the filariæ, which were found also in the blood."

This is the second case of filarious lymphocele that Mr. Macleish has treated. In the previous case, on tapping the second time, sufficient inflammatory reaction was set up, without injection of the sac, to effect obliteration and cure. During the ten months and a half the hospital and dispensary were open 1665 individuals received treatment. On these, 113 surgical operations were performed. The average number of visits to the dispensary by each patient was about five, which, as a Chinaman expects to receive manifest benefit from his first visit, and if he does not get it is but little inclined to persevere, tends to show that the results were very satisfactory.

Mr. J. West Walker should apply to the Volunteer department, War Office.

"PERSISTENT CONSTIPATION."

To the Editor of THE LANCET.

SIR,—I beg to thank all those gentlemen who kindly gave me through THE LANCET the benefit of their advice in the treatment of the above disease. Having adopted Mr. Blenkarne's prescription, I am glad to say that it has, so far, proved successful.—I am, Sir, yours obediently,

December, 1885. PHYSICIAN.

To the Editor of THE LANCET.

SIR,—Having read an excellent annotation on "The Treatment of Constipation" in your issue of Dec. 12th, I beg to ask you to kindly supplement it with a list of aperient vegetables and fruits (obtainable at this season) that are most useful in this obstinate and common ailment.

I am, Sir, yours faithfully,

Dec. 18th, 1885. ADSTRICTUS.

*** Every kind of green vegetable obtainable at this season is of use in relieving constipation. Vegetable soups are particularly appropriate. Among fruits, pears, apples, prunes, and figs are the most effectual, whether cooked or in the raw state. The infusion of preserved tamarinds is doubly valuable from the action of the fruit and from the volume of fluid thus introduced. It also forms a very agreeable drink. It should not be forgotten that, in order to obviate a costive habit, these various substances must, one or other of them, alternately if desired, be habitually taken. In addition to the means recommended in our recent annotation, we may mention that benefit is often derived from friction and massage of the abdominal walls.—ED. L.

THE MEETING OF DEC. 17TH, 1885, AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—May I ask the favour of a correction of your report of the above meeting? Your reporter, possibly from failing to catch the word "not," and in his laudable endeavour to compress my remarks, has made me say the opposite of that which I did actually say. I quote from your report, inserting in brackets the words necessary to make my meaning clear:—"It had been said that the College was [not] simply a corporation [that it was something more], but from that he ventured to dissent. It was a body having [high and noble objects and] great responsibilities both to the profession and to the public, [but still nothing but a corporation, and as such the creature of the Charter which created it]." These remarks were directed against certain mischievous delusions which appeared to prevail in the minds of a number of members—namely, that the Council could if they pleased set aside their Charter; that they ought to do so at the bidding of the members; and that on the present occasion they were, as one speaker expressed it, sheltering themselves behind their Charter. The misprint at the end of my remarks of "qualified himself to become," instead of *by becoming* "a Fellow," is so obvious as scarcely to require notice.

I am, Sir, yours obediently,

St. James's-square, S.W., Dec. 29th, 1885. WILLIAM HAUGHTON.

THE NEWARK BOARD OF GUARDIANS.

MR. CHARLES IRVING was elected for the Foster District of the Newark Union, in spite of a strange speech by the clerk of the board on the absence of his diplomas. Mr. Irving is a duly registered practitioner; the locality of his diplomas is quite irrelevant.

House-surgeon.—It is certainly customary for the coroner's officer to give notice to the authorities at infirmaries when inquests are going to be held at such institutions. We imagine in the cases referred to by our correspondent the failure must have been from inadvertence, and not intent. It is highly desirable that the resident surgeon of an infirmary should be called to give evidence concerning the deaths of inmates who have died whilst under his care.

J. F.—Our correspondent is entitled to dispense his own medicines, like every other registered practitioner.

Mr. E. Donaldson.—Yes, in an early number.

MISCARRIAGE; DECAPITATION.

To the Editor of THE LANCET.

SIR,—The following case will perhaps be considered sufficiently interesting to merit insertion in your columns.

On the 12th inst. I was sent for at 4 P.M. to see a lady who was then being attended by a midwife. On my arrival I found a young woman, aged twenty-one, primipara in her sixth month, being threatened with miscarriage. I was asked for my opinion, but not requested to take charge of the case. I gave my opinion that the miscarriage would surely occur, and to have the midwife (who lived close by) at hand. I retired, and at midnight I was called again, and was told by the messenger that a foot of the child was born, but no more. On reaching the house the midwife informed me that the child was born "all but the head," that it was a foot presentation, and that when the head was about being delivered "the patient gave herself a sudden jerk and the head went back." I thought it strange that there should have been any delay in delivering the head of such a small-sized child, but lost no time in asking questions, and immediately examined into the state of the affair. I found the headless body of the child on the bed, the cord protruding from the vagina, and on introducing my hand found for a presentation the foramen magnum, with the placenta in immediate contiguity. When my hand was well introduced into the os, a pain supervened, and the placenta came away. I kept my hand in the uterus and got the head pretty well into my palm, and delivered it. Not being present at the time the body was delivered, I cannot say anything about the "jerk" referred to, but I think the mother was hardly responsible for it. I am, Sir, yours truly,

CHARLES J. S. DIGGES, M.R.C.S.

St. Louis, Mo., U.S.A., Oct. 29th, 1885.

Alpha.—Our correspondent does not tell us his previous or usual professional relation to the lady in question, or that of the gentleman called in after him, but he seems to have been treated with scant respect.

Ampthill has not enclosed his card.

HOSPITAL ACCOMMODATION FOR RESIDENT MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—The question of proper accommodation for men holding honorary appointments in our hospitals is one which I have frequently seen advocated in your valuable journal, and with others, more directly interested in the matter than I am myself, I trusted the hints and warnings would have a salutary effect on those to whom they were indirectly addressed. It is only by the intervention of painful experience that some minds seem to be capable of being roused to a proper sense of their duties towards their fellow-men; and now that an opportunity offers for reopening the question through the untimely demise of a bright and promising young house-surgeon at one of our great hospitals, I think this the fitting occasion respectfully to urge on those who represent the ruling authority the absolute necessity of studying more closely than they have heretofore done the welfare and comfort of those who fill the important and onerous posts of resident officers in our large charities.

I will as briefly as possible lay before you some incontestable facts which stand as a lasting disgrace to one of our noblest institutions. In one of our large hospitals each resident, with the exception of the resident assistant-surgeon and physician, is accommodated with only one room, wherein he is to sleep, rest, smoke, entertain his friends, and, as so often happens, read for his higher examinations. This is the first item that requires reform. Moreover, there is absolutely and entirely no means of recreation within the hospital, and all that the hard-worked house-surgeon or physician can do during the hour or so he has to himself between the end of his labours for the day and his evening meal, is to sit in that ever-occupied room and smoke; and what is the consequence? No sooner do men come on duty as residents than their health begins to fail; they become pale and languid, and it requires but the presence of some infectious disease to lay them on a bed of sickness, from which, as in the case above quoted, they may never rise again. I myself as well as others have noticed how severely the smallest ailments affect men who have been on duty some time; tonsillitis always attacks severely, and scarlet fever, as in the case of at least four house-surgeons in my own recollection, has incapacitated men for months subsequently from occupying the posts which they have obtained with some difficulty, and which they are always anxious to fill efficiently. From nine to ten hours a day of rushing about this huge building while on minor duty, and the constant hard work from 9 A.M. to 2 A.M. while on major duty, suffice ere long to exhaust the strongest man. When he is treated to this scanty and inefficient accommodation, and is absolutely debarred from any healthful open air relaxation, he is placed at a much greater disadvantage when he encounters some dangerous infectious disease, than one in healthier surroundings. But these are not the only evils that require reform. The action of those who have framed the rules for the conduct of house-surgeons has absolutely vetoed his leaving the hospital for out-door exercise, without going through an absurd and unnecessary form of obtaining leave. He has to obtain permission from two, and give due notice to three other officials, by means of printed forms, before he can indulge in the luxury of a walk away from the hospital and its surroundings. Now, Sir, what is the unfortunate victim of this uncalled-for officiousness to do? Close attention to his work, no time for recreation, either mental or physical—living ever in the close, stuffy, germ-laden atmosphere of a London hospital—surely when disease in any shape seizes on him he is struck down with a heavier blow than he would be were he in perfect health, and now and then he becomes the victim directly, it is true, of the disease which asserted itself, but indirectly also of that wretched provision for his comfort and well-being which rendered him so easy a prey. Can you not, through the columns of your widely circulated and valuable journal, advocate the cause of the unfortunate resident? Cannot you urge on those who are responsible the necessity of providing better accommodation for him—a racquet court, a lawn tennis court, or a billiard table—to relieve him from the mental and physical strain to which his work puts him daily? Surely the school and college will gain in the esteem of the public and the profession when they evince such an interest in the welfare of those who serve them so conscientiously. The lesson those who are in authority have to learn, a lesson they have unfortunately learnt before, but have not heeded, is to be less severe and more generous to and thoughtful of those who toil day and night for the good of their fellow-men. Trusting some good may come from this appeal, and apologising for trespassing on your space so largely, I am, Sir, yours truly,

December 15th, 1885. MEDICUS.

Dr. A. Bogge (Paris).—Full details on the subject will be found in Dr. Parkes' Manual of Practical Hygiene, book ii., chap. 2, sect. 2, "The Food of the Soldier."

HOTTENTOT PATHOLOGY: A REMARKABLE SUPERSTITION.

To the Editor of THE LANCET.

SIR,—It may be interesting to your correspondents who wrote on the above subject in your issues of June 13th and 27th, 1885, to know that the idea about the "uterus flying upwards after parturition" prevails universally among the native Singhalese of Ceylon. The midwifery practice among them is entirely in the hands of their midwives, whom I have seen tightly grasp the funis by twisting it round the index-finger to prevent the after-birth going up about the chest and obstructing the respiration.—I am, Sir, yours faithfully,

W. WIJEYESAKERE,
House-Surgeon to the Government Civil Hospital,
Dec. 4th, 1885. Galle, Ceylon.

L.R.C.P.E.—The proceedings at the meeting referred to were not declared to be secret.

D. L.—Undoubtedly the case can be, and should be, dealt with by the authorities of the College whose licence is thus disgraced.

GARROD'S "MATERIA MEDICA."

To the Editor of THE LANCET.

SIR,—In consequence of the recent publication of numerous corrections in the British Pharmacopœia, certain alterations have been found necessary in the new edition of Garrod's "Materia Medica." Will you kindly announce that a printed list of these can be obtained from the publishers, Messrs. Longmans and Co., or from myself.

I am, Sir, yours faithfully,

NESTOR TIRARD, M.D.,
(Editor of Garrod's "Materia Medica.")

Weymouth-street, W., Dec. 22nd, 1885.

Enquirer (Camp Dozan) will find information on the subject in THE LANCET of Oct. 10th last, page 680.

INCISION OF OS AND CERVIX BEFORE REDUCING THE INVERTED WOMB.

To the Editor of THE LANCET.

SIR,—In your issue of Dec. 26th, 1885, p. 1183, Dr. Arbuckle describes this operation as due to Dr. Barnes. A glance at the "Medical Digest," Section 1137; 6, will show that Dr. Pratt of Fife contributed a paper to the *Medical Times and Gazette* in 1868, in which he asserts that Wasslege of Liége is the sole originator of this most effectual plan.

I am, Sir, yours obediently,

Boundary-road, N.W., Dec. 28th, 1885. R. NEALE, M.D. Lond.

Mr. H. Raymond.—The term is not commonly employed; but, if used, it would be perfectly correct.

UNIVERSITY OF LONDON.

FROM our list of medical members of the special committee to consider Lord Justice Fry's scheme (see vol. ii., 1885, p. 1116) the name of Dr. Baines was inadvertently omitted.

Malicled.—Possibly the Medical Defence Union, Bedford-row, might assist our correspondent.

"FÆCAL ACCUMULATION."

To the Editor of THE LANCET.

SIR,—I have read with much interest the able article in THE LANCET under the above title, by Mr. Frod. Treves, F.R.C.S., of the London Hospital, and although able to agree with the writer upon some points, yet I cannot endorse his remarks upon the secondary importance of constipation—viz., that the daily evacuation of the colon and rectum is unnecessary, or that a full colon involves (in moderate constipation) no material alteration in the contents. As to the latter, he seems to ignore the fact of organic decomposition and generation of carbonic dioxide gas, with consequent flatulence and its attendant evils, as pressure upon surrounding viscera and nerve plexus, &c. That drastic, or even mild, purgatives and the largely increasing exhibition of saline waters are evils there can be little doubt, and that to fly for the relief of any symptom to such remedies is both unscientific and baneful. But what I am most anxious to draw attention to is another aspect of the question—viz., the daily use of what I should like to term "natural food," notably bread and pastry made from wheaten flour in its entirety and more or less finely ground. I have for the past two years abandoned the use of white bread and pastry altogether, and, unless visiting at the house of a friend, never take it; the result has been a daily evacuation of the intestines, instead of constipation as formerly, and a condition of health, both of mind and body, never before experienced. This has nothing whatever to do with mental bias, to which Mr. Treves refers, but is a practical outcome resulting from improved dietetic habits alone. Again, I never suffer from thirst, and often forget to drink at dinner; and unless my attention is drawn thereto by others, I should scarcely drink at all at meal-time. A withdrawal of water from the system either by the skin or kidneys means usually thirst as a resultant; but with me, the amount of water passed with the fæces being but small may account for this phenomenon, thus forming a marked contrast to what would ensue were I to take aperients for relief of constipation. The woody fibre in the proportion found in entire wheaten flour is, in my opinion, enough, and only enough, for the healthy stimulation of peristalsis; and, moreover, the additional amount of nutriment—as bone phosphates and albuminoids—contained in the bran-cells more than compensates for any supposed physiological waste to which Mr. Treves refers. By observing such simple and pleasant rules as those to which I have alluded aperients become a "dead letter," and constipation, whether it be moderate or excessive, is avoided; and not this only, but a more perfect digestion takes place, and a perfect assimilation also, thus avoiding one of the chief causes of gastric and intestinal trouble.

I shall feel obliged if you will insert this brief reply in your next issue, trusting that the question of "natural food" may be better considered by the faculty.

I am, Sir, yours truly,

December, 1885. PATHOLOGIST.

"ITCHING OF JAUNDICE."

To the Editor of THE LANCET.

SIR,—For this distressing complaint I have used on two occasions during the past month hypodermic injections of pilocarpine in doses of one-tenth of a grain. The immediate effect is to intensify the suffering; but when diaphoresis occurs, relief is rapidly obtained, and lasts from twenty-four to thirty-six hours. It is occasionally advisable to give the patient a little brandy before injecting the pilocarpine.—Yours truly,

Dec. 28th, 1885. J. J.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Andrew Clark; Sir W. Mac Cormac; Dr. Dickinson, London; Dr. McGill, Leeds; Dr. Wilks, London; Mr. Godlee; Dr. Klein; Dr. Casper, Berlin; Dr. Kent Spender, Bath; Dr. Handford, Nottingham; Dr. Sturges, London; Dr. Fairbank, Doncaster; Messrs. Burgoyne, Burbidges, and Co., London; Mr. Jalland, York; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Miss St. Aubyn, London; Dr. Williams; Messrs. Hepton Bros., Leeds; Mr. Cannon, London; Dr. Rentoul; Dr. Dickinson, London; Mr. F. A. Eaton, London; Mr. W. Browne, London; Mr. W. Haughton, London; Mr. R. H. Barker, London; Dr. Amand Routh, London; Dr. G. C. Roy; Dr. Playfair, London; Dr. Macpherson, Glasgow; Mr. R. Neale, London; Prof. Longmore, Netley; Dr. R. H. Coombe, Redburn; Mr. Hughes, London; Dr. G. C. Smith; Dr. F. P. Atkinson, Surbiton; Dr. J. H. Douty, Powick; Mr. Wijeyesakere, Galle; Mr. F. A. Cox, London; Dr. Davidson, Bombay; Dr. J. K. Fowler, London; Dr. Mitchinson, Lincoln; Mr. Dawe; Dr. H. Blanc, Cannes; Messrs. Condy and Co., London; Messrs. Matthews, Smith, and Co., Birmingham; Dr. M'Naughton, London; Messrs. Wyleys and Co., Coventry; Mr. Cripps, London; Dr. Kerr, London; Dr. T. Cook, London; Mr. Bell, Toronto; Mrs. Rahn, Ipswich; Dr. Haven, Portsmouth, U.S.A.; Messrs. Dawson Bros., Montreal; Mr. Cresswell, Dowlais; Mr. Newton, Brisbane; Mr. Jones; Dr. Jesyaroosawmaya, Bangalore; Mr. Meigham, Glasgow; Mr. Menzies, Glasgow; Dr. Adam, West Malling; Dr. Walker, Middlesbrough; Mr. Parkinson, Manchester; Dr. Malita, Batala; Mr. Cariot, London; Messrs. Smith and Son, Dublin; Mr. Feltham, Llandudno; Messrs. Cassell and Co., London; Mr. Morton, London; Mr. Horsfall, Wakefield; Mr. Birchall, Liverpool; Mr. Wood, Fulham; Mr. Hulme; Mr. Mudd; Miss Dickie, Great Malvern; Dr. Lytle, Maghera; Mr. Hodge, London; Dr. D. Squire, London; Dr. Thom; Mr. Parkes, London; Dr. Wynne, Sheffield; Dr. Welch, Blackpool; Messrs. Black and Co.; Mr. J. Taylor, London; Inspector-General Shaw, Anerley; Messrs. Keith and Co., Edinburgh; Dr. Scott, Florida, U.S.A.; Mr. Vickers, London; Mr. G. A. Wright, Manchester; Mr. Cornish, Manchester; Dr. Norman Chevers, London; Mr. Priestley, London; Mr. Rideal, London; Mr. Frederick Page, Newcastle; Dr. Lavers, London; Dr. Whitmarsh, Hounslow; Mr. E. E. King, London; Dr. Mantle, Stanley; Secretary, Lying-in Institution, Brighton; House Surgeon; S.Sc.Cert. Camb.; Alpha; A. B.; B. G. G.; L.R.C.P.E.; Nostalgia; M.B.; Mulcted.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Ripley, Southport; Miss Boddy, Crediton; Mr. Rice, Derby; Mr. Copper, Switzerland; Miss Sidney, Brighton; Dr. Rake; Messrs. Porteous and Co., Glasgow; Mr. Ricker, St. Petersburg; Mr. Davies, Newport; Dr. Skerrett, Bristol; Mr. Knightley, London; Dr. Bradford, Liverpool; Mr. Norman; Mr. Hill, Oldham; Mr. Birch, Bournemouth; Mr. Morgan, Clevedon; Mr. Hankyard, Leeds; Mr. James, Clapham; Mr. Payne, Tasmania; Mr. Davey, Holloway; Dr. Jones, Dowlais; Messrs. Reynolds and Co., Leeds; Mr. Trecise, Burton-on-Trent; Mr. Yeates, Newhaven; Dr. Weir, South Shields; Mr. March, Hindley; Dr. Ridge; Mr. Smith; Mr. Osborne; Mrs. James, St. John's Wood; Dr. Mackay, Esko; Mr. Morgan, London; Medicus, Leeds; F. T., Little Hampton; Bonâ Fide; J. E. J.; X. Y. Z., Matlock Bridge; H. H.; P.; Hon. Sec., Hitchin Infirmary; Medicus; Alpha, West Bromwich; J. H.; G. A. M.; C. F. B.; C. E.; Carpus, Liverpool; Medicus, Liverpool; H., Macclesfield; Student; Medicus, Abergele; B., Stockport; Beta; M.B., A.B.; M.R.C.S., Forest Gate.

New Yorker Medizinische Presse, South Wales Daily News, The Housewife, Methodist Times, Newcastle Daily Leader, Newark Advertiser, Bridge of Allan Reporter, Birmingham Daily Times, &c., have been received.

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